

Effective dates: September 1, 2011 - August 31, 2012

Please print in ink

Name: _____ Age _____ Birthday _____
LAST FIRST MIDDLE

School/Grade: _____ Male Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Pager / cell _____

Medical insurance company _____ Policy # _____

Mothers Name: _____ Phone: Home _____ Work _____

Fathers Name: _____ Phone: Home: _____ Work: _____

Emergency contact _____ Phone: Home _____ Work _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a (please check one box)

good swimmer fair swimmer non-swimmer

2. Does your child have allergies to ↓

pollens _____ medications _____

food _____ insect bites _____

3. Does your child suffer from, or have ever experienced, or are being treated currently for any of the following:

asthma epilepsy / seizure disorder heart trouble
 frequently upset stomach physical handicap diabetes

4. Date of last tetanus shot: _____

5. Does your child wear: glasses contact lenses

6. Please list and explain any major illnesses your child has experienced during the last year:

 Additional comments: _____

7. Should your students activities be restricted for any reason? Please explain: _____

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Any student who fails to comply with these expectations may be sent home at their parent's expense.

I, the student have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible Studies, golfing, miniature golf, hayrides. Note: If you desire or limit your child's permission in any event please submit your wishes in writing to the church prior to that event.

_____ Has my permission to attend all youth activities sponsored by Graham Emmanuel Baptist Church from September 1, 2011 – August 31, 2012

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my involvement. In the event that I/We am injured and require the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/We affirm that the health insurance information provided above is accurate at this date and will, to the best of our knowledge, still be in force.

Parent/Guardian signature: _____ Date: _____