

Effective Dates (for office use only):

\_\_\_\_\_ To \_\_\_\_\_

FIRST BAPTIST CHURCH OF SPRING LAKE

118 E. EXCHANGE STREET \* SPRING LAKE, MI 49456

Phone: 616.842.1974

MEDICAL RELEASE & PERMISSION FORM

Please Print in Ink

Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_
Last First Middle

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_
NUMBER WHERE YOU CAN BE REACHED

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_
NUMBER WHERE YOU CAN BE REACHED

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_
CITY STATE ZIP NUMBER WHERE THEY CAN BE REACHED

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ 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 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 -
[ ] good swimmer [ ] fair swimmer [ ] non-swimmer

2. Does your child have allergies to -
[ ] pollens [ ] insect bites
[ ] medications [ ] food
if checked, please list medications & reactions if checked, please list foods & reactions

3. Has your child ever experienced -
[ ] asthma [ ] heart trouble [ ] diabetes [ ] epilepsy / seizure disorder [ ] frequent upset stomach

3a. Does your child currently suffer from -
[ ] asthma [ ] heart trouble [ ] diabetes [ ] epilepsy / seizure disorder [ ] frequent upset stomach [ ] mental illness

3b. If any ailments are checked in 3a, is your child currently receiving treatment?
[ ] Yes [ ] No

4. Date of last tetanus shot:

5. Does your child wear: [ ] glasses [ ] contact lenses

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

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

**Please Print Students Name:** \_\_\_\_\_

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

- No possession or use of alcohol, drugs, or tobacco
- No stealing, fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No promiscuous or inappropriate behavior or gestures
- No swearing or vulgar gestures
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation in the group is expected
- No students can drive to off site events from the church
- Respect property
- Respect one another, staff, & adult leaders
- Respect and comply with event schedules

**Students who fail to comply with these expectations may be sent home at their parents' 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. Other First Baptist Church activities include, traveling during the summer to off-site locations for youth group meetings.

**Note:** *If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

\_\_\_\_\_ Has my permission to attend all youth activities sponsored by First Baptist  
**NAME OF STUDENT**

Church (hereinafter the "Church") effective from \_\_\_\_\_ to \_\_\_\_\_.

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 the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. 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/our child's involvement. In the event that he/she is injured and requires 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 acknowledged that we will be ultimately held 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 my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth pastor or student ministries staff member.

This permission is valid one year from date signed, unless stated otherwise.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_