

Antioch Christian Church, Student Ministries
2011 Parental Permission and Medical consent

Name: _____ Birth date: _____
Last First Middle Month/Day/Year

Age: _____ Grade in School _____

Address _____

City _____ State _____ Zip _____

Home Phone: _____ Cell _____

Medical Insurance company _____ Policy # _____

Mother's Name: _____ Phone: _____
Home Work

Father's Name: _____ Phone: _____
Home Work

Emergency contact: _____ Phone: _____
Home Work

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

List any known allergies _____

List any medical conditions _____

List any medications currently being taken _____

Please list and explain any major illnesses the child experienced in the last year: _____

Should this child's activity 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 gambling
- 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 adults leaders
- Respect and comply with event schedule

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, waterskiing, swimming, basketball, roller skating, games in the park, soccer, ice skating, volleyball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, retreats, missions trips. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church Student Ministries Pastor and/or Children's/Student Ministries coordinator prior to that event.*

_____ Has my permission
Name of Student

to attend all youth activities sponsored by Antioch Christian Church of Washington, Indiana.

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.

The undersigned(s) being the lawful parent(s) and/or guardian(s) of the above child (the "Student") hereby consents to the participation by the child in the 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 acknowledge that we 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 my knowledge, still be in force for the child above. I/we agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____