



Please print in blue or black ink. To be completed by parent/guardian of minor or yourself if over 18 years old. (Hereafter referred to as the participant.)

Name: _____ Age: _____ Birthday: _____
Last First Middle

Year in school: _____ Male Female E-mail: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Cell: _____

Medical insurance company: _____ Policy #: _____

Mother's name: _____ Phone: (h) _____ (c) _____

Father's name: _____ Phone: (h) _____ (c) _____

Emergency contact: _____ Phone: (h) _____ (c) _____

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 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. If necessary, add another page with details:

1. Is the participant a:

- Good swimmer Fair swimmer Non-swimmer

2. Does the participant have allergies to:

- Pollens Medications Food Insect bites Other: _____
Anaphylaxis? Yes No

3. Does the participant suffer from, or has ever experienced, or is being treated currently for any of the following:

- Asthma Epilepsy/seizure disorder Heart trouble Diabetes
 Frequently upset stomach Physical handicap Other: _____

4. Date of last tetanus shot: _____

5. Does the participant wear:

- Glasses Contact lenses

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

Additional comments: _____

Should the participant's activities be restricted for any reason? Please explain: _____

7. Please list any medications the participant is taking: _____

- Does the participant self-administer their medication? Yes No

Medical Release and Permission Form

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

- No possession or use of alcohol, drugs, or tobacco
- No students may drive without written parental and pastoral permission
- 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

Failure to comply with these expectations may result in the participant being sent home at their family's expense.

Participant's Agreement:

I, the participant, 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.

Participant's signature: _____ **Date:** _____

Parent/Guardian Agreement:

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, roller blading, 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 to limit participation in any event, please submit your wishes in writing to the youth leadership team prior to the event.*

_____ has my permission to attend all youth activities sponsored by Parma Heights Baptist Church (hereinafter the "Church") from _____ until revoked in writing by my signature. Date

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 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 student ministries staff member. I/We also grant the Church permission to use photographs and/or videos of my/our child publically to promote activities, events, and/or the Church. I/We understand that the images may be used in print publications, online publications, presentations, websites, and/or social media. I/We also understand that no royalty, fee or other compensation shall become payable to me/us by reason of such use.

Parent/Guardian signature: _____ **Date:** _____

Adult Volunteer Agreement: (To be completed by youth workers, chaperones and volunteers)

I attest that the above information is true. I recognize that I need to be a model of Christ-like character as I serve. I willingly submit to and support the leadership of the Youth Ministry.

Adult Volunteer signature: _____ **Date:** _____