

2018-2019 Form

Christ the King Anglican
**Medical Release &
Permission Form**

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Effective dates: Summer-Summer 2018-2019: All Calendar Event(s): _____

Please print clearly in ink

Name: _____ Age _____ Birthday _____
LAST FIRST MIDDLE

Year in school _____ Male Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Pager / 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 _____

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. (Parents and Youth are responsible for having and taking their medications. No medications will be given out unless requested or emergency arises.)

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

- For your child's safety and our knowledge, is your student a—
 good swimmer fair swimmer non-swimmer
- Does your child have allergies to—
 pollens medications food insect bites
- Does your child 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
- Date of last tetanus shot: _____
- Does your child wear glasses contact lenses
- Please list and explain any major illnesses the child experienced during the last year:
Additional comments (please use an additional attached sheet if necessary).
Should this child's activities be restricted for any reason? Please explain:

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

No possession or use of alcohol, drugs, or tobacco, or other stimulants
Conduct should be in the highest Christian regard in behavior and in dress
No students can drive, or ride with other students, unless parents permit and notify leadership
No fighting, weapons, fireworks, lighters, electronics, drugs, alcohol, or explosives
No offensive or immodest clothing, language, or behavior; no electronics, or excessive cell phone use
No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
Participation with the group is expected always, no checking out with headphones, or other electronics
Respect and care for personal and public property and "leave no trace"
Respect one another, staff, and adult leaders, as well as the venues we attend; cell phones: emergencies only
Respect and comply with all event schedules and rules, as well as all safety rules and guidelines
Have fun! Grow! Learn! Pray! Live! Love! Commune! Enjoy!

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: adventure activities, ropes courses, cookouts, rock climbing, caving, boating, white water rafting, canoeing, water skiing, swimming, sports, basketball, roller-skating, rollerblading, games in the park, bus/metro transportation, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, mountain biking and boarding, visits to Washington, DC, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event or activity, listed or otherwise, please submit your wishes in writing to the church's Director of Youth Ministry prior to that event.*

_____ has my permission to attend all youth activities
NAME OF STUDENT

sponsored by Christ the King and the Youth Ministry Leadership (Hereinafter the "Church") through **Summer 2018-Summer 2019: (Please see the youth calendar and brochure for added details and events).**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church, its volunteers, vendors, and its staff of any liability against death, injury, and 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 adventure, ministry, or athletic event, and I/we hereby release the Church, its pastors, employees, agents, subcontractors, 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 your 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, misbehave, or if deemed necessary by a student ministry staff member.

Parent/guardian signature: _____ Date: _____