

Medical Release & Permission Form

Assembly 2017

Page 1 of 2

Effective dates: June 27, 2014 to July 3, 2017

Please print 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.

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:

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

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Page 2 of 2

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.

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, caving, mission trips, Bible studies, golfing, miniature golf, hayrides. *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.*

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

_____ has my permission to attend the Provincial Youth Gathering of the ACNA/and or the Mission Trip during the 2017 calendar year. I understand that the transportation may be by automobile, bus, or van, driven by a licensed, responsible adult, or on foot to nearby locations accompanied by a responsible adult.

I understand that there are risks involved in such activities and trips. I want my child to participate in these activities without risk to the ACNA. In order to assure the ACNA that my child can participate in said activities and trips, I hereby represent that my child is healthy and capable of attending and participating in such activities and trips without risk of danger to him/herself or others. I understand that it is my responsibility to forbid and prevent my child's attendance and participation in any activities or trips which my child is not healthy enough or mature enough to participate in.

Further, I do hereby release and forever discharge the ACNA, its employees, administrators, successors, and assigns, and any approved person selected to accompany my child, from any and all actions, claims, demands, damages, casts expenses, and all consequential damage on account of, or in any way growing out of, or in connection with any such activities and/or trips.

In the event of an emergency, I hereby authorize an adult leader and agent for me to consent to any x-ray exam, medical, dental, or surgical diagnosis; treatment; and hospital care advised or supervised by a licensed physician, surgeon, or dentist (as appropriate). I expect to be contacted as soon as possible.

Parent/guardian signature: _____ Date: _____