Medical Release & Permission Form, September 2018- August 2019

Effective dates: September 1, 2018 to August 31, 2019

Name:	Age E	Birthday
Year in school	Email (print in caps)	
Address City	State	Zip
Phone	Cell	
Medical insurance company————————————————————————————————————	Policy#	
(Please attach Xerox copy of front and back of medical	al card if possible; contact offic	ce if info changes)
Mother's name	Phone: Home	Work
Father's name	Phone: Home	Work
Emergency contact	Phone: Home	_ Work
Physician	_Office phone	
Dentist	Office phone	
If necessary, describe in detail the nature and severity of an weakness, limitation, handicap, disability, or condition to whaware, and what, if any action of protection is required on actit to this form. Include names of medications and dosages the Check the following areas of concern for this student. If	ich your child is subject and of who count thereof. Submit this notific nat must be taken. necessary, add another page with a—	nich the staff should be ation in writing and attach
	non-swimmer	
2. Does your child have allergies to— □ pollens □ medications □ to	food insect bites	
3. 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		
4. Date of last tetanus shot:	-	
5. Does your child wear ☐ glasses ☐ c	contact lenses	
6. Please list and explain any major illnesses the child experienced during the last year:		
7. Should this child's activities be restricted for any reason? P	lease explain:	

Fairfield Presbyterian Church Associate Pastor 804-730-7164

Known Allergies:

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 8. What should our staff do if your child complains of a headache or minor ache and asks for a pain reliever? Provide a single dose of Tylenol Provide a single dose of Advil Call for permission before allowing any medication to be given.
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 one another, staff, adult leaders, and property. 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, caving, basketball, rollerskating, 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, all night lock-ins service projects. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth director prior to that event.
has my permission to attend all youth activities
NAME OF STUDENT
sponsored by Fairfield Presbyterian Church (hereinafter the "Church") from September 2018 to August 2019
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 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/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.
Parent/guardian signature: Date:

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