

centralsports

MEDICAL RELEASE & PERMISSION FORM

Please print in ink

Name: _____ Age: _____ Birthday: _____

LAST, FIRST, MIDDLE

Year in School: _____ Male / Female

Child Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Emergency contact name: _____ Phone: _____

Mother's name: _____ Phone: _____

Mother's email: _____

Father's name: _____ Phone: _____

Father's email: _____

Medical Insurance Company : _____ Policy#: _____

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 Child. If necessary, add another page with details:

1. Does your child have allergies to:

pollens / medications / food / insectbites

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma / epilepsy or seizure disorder / heart trouble / frequently upset stomach

physical handicap / diabetes

3. Date of last tetanus shot:

4. Does your child wear glasses contact lenses?

5. 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:

For Ministry information or updates, prefer to be contacted via:

email: _____

text: _____

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

- No possession or use of alcohol, drugs, or tobacco, weapons, fireworks, lighters, or explosives
- No Childs can ride to events with other Childs unless given written permission by parents of both driver and passenger
- No offensive or immodest clothing. Fingertip rule applies to shorts
- Participation with the group is expected. No fighting
- Respect property and one another, staff, and adult leaders. Respect and comply with event schedules
- Cellphone use during group time is prohibited. Phones will be taken up and only given back to parent/guardian if Childs disobey.

Children who fail to comply with these expectations may be sent home at their parents' expense.

I, the Child, 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.

Child signature: _____ Date: ____/____/____

Activities may include, but are not limited to cookouts, boating, water skiing, swimming, basketball, rollerskating, paint ball, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, rifle and sheet range field shooting. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor or his assistant prior to that event.

_____ (name of Child),
has my permission to attend all youth activities and I will encourage the adherence to the above rules and will support the Child Ministry leaders' efforts to enforce the above rules of the events sponsored by Central Baptist Church (hereinafter the "Church") from July 13th – 15th, 2020.

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.

1/We the undersigned have legal custody of the Child named above, a minor, and have given our consent for him/her to attend events being organized by the Church. 1/We understand that there are inherent risks involved in any ministry or athletic event, and 1/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 child's involvement. In the event that he/she is injured and requires the attention of a doctor, 1/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, 1/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. 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, 1/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 Child named above. 1/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Child ministries staff member.

Parent/guardian signature: _____ Date: ____/____/____