

Effective dates: 1/1/2025 to 12/31/2025 Page 1 of 2 Please print in ink: Name: \_\_\_\_\_ \_\_\_\_\_ Age \_\_\_\_ Birthday\_\_\_\_\_ FIRST LAST MIDDLE Email \_\_\_\_\_\_ Year in school: ☐ Male ☐ Female Address \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_ Phone:\_\_\_\_\_\_ Cell\_\_\_\_\_\_ Mother's name: \_\_\_\_\_\_ 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: 1. For your child's safety and our knowledge, is your student a— ☐ fair swimmer ■ good swimmer □ non-swimmer 2. Does your child have allergies to pollens medications ☐ 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 □ contact lenses

6. Please list and explain any major illnesses the child experienced of	during the last year:
Additional comments:	
For your information, we expect each student to conform to the	
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' sleep	oing guarters
Participation with the group is expected	3 1
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 ministry activities. I agree to abide by the stated personal limitations	
Student signature:	Date:
Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, 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. <i>Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church student/childrens pastor prior to that event.</i>	
has	my permission to attend all student activities
NAME OF STUDENT	, po
sponsored by	
from <u>1/01/2025</u> to <u>12/31/2025</u> .  DATE DATE	
This consent form gives permission to seek whatever medical attent and its staff of any liability against personal losses of named child. I/We understand that as a Participant, I or my child may be photogrand these photographs/videos may be used for promotional purpose	phed or videotaped during the normal event actives,
I/We the undersigned have legal custody of the student named above	re, a minor, and have given our consent for him/her to
attend events being organized by the Church. I/We understand that athletic event, and I/we hereby release the Church, its pastors, empliability for any injury, loss, or damage to person or property that may involvement. In the event that he/she is injured and requires the attendical treatment as deemed necessary by a licensed physician. In and/or hospital personnel designated by the Church, I/we agree to hemands, or suits for damages arising from the giving of such consersponsible for the cost of any medical care should the cost of that reinsurance provider. Further, I/we affirm that the health insurance inforwill, to the best of my/our knowledge, still be in force for the student home at my/our own expense should they become ill or if deemed in NOTE: ONLY legal parents and guardians can sign this form. In notary. Most banks offer free notary services and our church in however, the notary MUST witness your signature before return	oyees, agents, and volunteer workers from any and all voccur during the course of my/our child's ntion of a doctor, I/we consent to any reasonable the event treatment is required from a physician old such person free and harmless of any claims, ent. I/We also acknowledge that we will be ultimately nedical care not be reimbursed by the health ormation provided above is accurate at this date and named above. I/we also agree to bring my/our child eccessary by the student ministries staff member. This form MUST be signed in the presence of a as a notary on staff available to notarize this form,
Parent/guardian signature:	Date:
Notary Signature:	Date:
My Commission Expires / /	