



First Christian Reformed Church  
Youth Group Medical Release & Permission Slip Form  
Effective dates: September 2015-September 2016

**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.

Check the following areas of concern for this student.

1. For your child's safety and our knowledge, is your student a...

Good swimmer       Fair 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  
 Hear Trouble       Diabetes       Frequently upset stomach

4. Date of last tetanus shot: \_\_\_\_\_

5. Please list and explain any major illnesses your child experienced during the last year:

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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

No fighting, weapons, or explosives

No offensive or immodest clothing

No boys in girl's sleeping quarters and no girls in boys' sleeping quarters

Participation with the group is expected

Respect property, one another, staff and adult leaders

Wear seatbelts while being transported

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. I agree to abide by the stated personal limitations and code of conduct.**

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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\_\_\_\_\_ has my permission to attend all youth activities sponsored by  
(Name of student)

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_  
(Name of church) (Date) (Date)

See effective dates on page 1

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.

Please check all that apply:

\_\_\_\_\_ I give my student permission to cross the us/Canadian board for youth group activities

\_\_\_\_\_ I give permission for my student photograph/likeness to be used in fliers, on bulletin boards, and youth group web sites.

\_\_\_\_\_ I give permission for my student to ride with a responsible student driver for events. (High School)

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fill this form out and return to Dan's box G10, Thank you!