

Event Medical Release & Permission Form

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Effective dates: 8/13/23 to 8/13/24 (Please print in ink)

Name: _____ Age: _____ Birthday: _____
LAST FIRST MIDDLE

Year in school: _____ ☐ Male ☐ Female Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Medical insurance company: _____ Policy # _____

Mother's name: _____ Mother's Cell: _____

Father's name: _____ Father's Cell: _____

Emergency contact: _____ Phone: _____

Physician: _____ Phone: _____

Dentist: _____ 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
☐ physical handicap ☐ frequently upset stomach
- 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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FOR THE STUDENT

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

- No possession or use of alcohol, drugs, or tobacco
- No student(s) can drive without written parental consent
- No student(s) can drive other students without written parental consent from both families
- 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
- Respect property, peers, staff, and adult leaders
- Respect and comply with event schedules and participate with the group

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: _____

FOR THE PARENT

Events / Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in an activity/event, submit this in writing to the Student Pastor prior to the event.*

_____ has my permission to attend all youth activities sponsored
NAME OF STUDENT

by Mountain View Community Church (hereinafter the "Church") from 8/13/23 to 8/13/24.
NAME OF ORGANIZATION DATE DATE

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.

I/We grant the church permission to record on film, videotape, or audio tape, his or her participation at Student Ministry events. I/We further agrees that any or all of the material recorded may be used, in any form, as part of any future production(s) made by the Church named above and that such use shall be without payment of fees, royalties, special credit, or other compensation. This form shall be valid until such time that it is revoked by the undersigned.

By attending the Church, you acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that you / your student(s) may be exposed to or infected by COVID-19. You also acknowledge that the risk of becoming exposed to / infected by COVID-19 may result from the actions, omissions, or negligence of yourself and/or others, including, but not limited to, Church employees, contractors, volunteers, members, and or participants and their families. You agree to assume all the foregoing risks, waive liability against the Church and any individuals associated with the Church, and accept sole responsibility for any illness, injury, disability, or death to you or your family, including all claims that may arise resulting from any of these.

Parent/guardian signature: _____ Date: _____