

# BC Students Medical Release & Permission Form

This form goes into effect immediately and expires January 1 of the year after it is completed.

Youth Name: \_\_\_\_\_ Age: \_\_\_\_ Birthday: \_\_\_\_/\_\_\_\_/\_\_\_\_  
First MI Last

Grade: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Youth Cell Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact (not parent)

Name: \_\_\_\_\_ Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**I give my permission for pictures/videos to be taken of my child at Briarcliff Church, Kansas City, MO (student ministry) functions that may be used and/or posted on the church websites (or related) to promote youth activities.**

Parent/ Guardian Signature \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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 and volunteer 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. Please include names of medications and dosages that must be taken.**

**Has your child had any of the following?** (check) If necessary, add another page with details.

Asthma	_____	Bleeding Disorders	_____	Chicken Pox	_____
Diabetes	_____	Fainting Spells	_____	Frequent Colds	_____
Frequent Earaches	_____	Heart Trouble	_____	Measles	_____
Mumps	_____	Pneumonia	_____	Scarlet Fever	_____
Seizures	_____	Tonsillitis	_____	Whooping Cough	_____
Other:	_____				



**Immunizations, check if current:**

Diphtheria Basic	_____	Booster	_____
Measles Basic	_____	Booster	_____
Mumps Basic	_____	Booster	_____
Polio Basic	_____	Booster	_____
Rubella Basic	_____	Booster	_____
Tetanus Basic	_____	Booster	_____
Date of last Tetanus:	____/____/____		
Whooping Cough Basic	_____	Booster	_____

**Allergies, please describe:**

Food: _____	Medications: _____
Plants: _____	Insects: _____
Other: _____	

**Any conditions requiring medication? Yes/No** \_\_\_\_\_

If Yes, please describe:

\_\_\_\_\_

**Any Physical Limitations? Yes/No** \_\_\_\_\_

If Yes, please describe:

\_\_\_\_\_

**Does your child wear?** Glasses \_\_\_\_\_ Contact Lenses \_\_\_\_\_ Other \_\_\_\_\_

**Please list and explain any major illnesses your child experienced this last year:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activities may include, but are not limited to the following: cookouts, swimming, laser tag, football, basketball, roller skating, various games, soccer, softball, baseball, camping, snowboarding, hiking, golfing, miniature golf, hayrides, Bible studies, summer camps, paintball, spring camps, mission trips (domestic or international), other travel and various retreats.

**Should your child's activities be restricted for any other reason? Please explain or please submit your wishes in writing to the church Youth Director prior to that event:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This youth medical release and permission form gives permission to seek whatever medical attention is deemed necessary, and releases Briarcliff Church, Kansas City, MO (student ministry) and its staff and volunteers 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 my/our consent for him/her to attend events being organized by Briarcliff Church, Kansas City, MO (student ministry). I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Briarcliff Church, Kansas City, MO (student ministry) its ministers, adults, employees, agents and adult volunteers/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 Briarcliff Church, Kansas City, MO (student ministry), I/we agree to hold Briarcliff Church, Kansas City, MO (student ministry) free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I/we also acknowledge that I/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 or if I/we do not carry any health insurance. Further, I/we affirm that the health insurance information provided above, if applicable, is accurate at this date and will, to the best of my/our knowledge, still be in force for the youth 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 youth minister, volunteers, or staff members.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*Please submit a copy of the current health insurance policy/card and attach it to this form.**



Medicine Form: Briarcliff Church

Participant Name: \_\_\_\_\_

Participant Age: \_\_\_\_\_ Participant Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

**Emergency Contact Information:**

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Cell Phone Number: \_\_\_\_\_

Secondary Contact Name: \_\_\_\_\_

Secondary Contact Cell Phone Number: \_\_\_\_\_

**Medical Profile**

In general, participant's health is: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

Explain: \_\_\_\_\_

Current medical needs being treated for:

\_\_\_\_\_

Please note any medical history to be aware of:

\_\_\_\_\_

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Medication(s) that this Participant Currently Takes/Needs and instructions on administering:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Any allergies:** \_\_\_\_\_

**Special Diet:** \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

*I authorize \_\_\_\_\_ Church staff to give my child the medication(s) indicated above.*

Signature of Parent/Guardian:

\_\_\_\_\_

