

# Radiate Student Ministry Medical Release and Permission Form

This form goes into effect immediately and does not expire

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_ Grad. Year 20 \_\_\_\_\_

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

Phone(\_\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_\_) \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_\_) \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_\_) \_\_\_\_\_

Emergency \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_ Cell(\_\_\_\_\_) \_\_\_\_\_

Physician \_\_\_\_\_ 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.*

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

Check the following area of concern for this student. If necessary, add another page with details.

1. Does your child have allergies to: ( ) Pollens ( ) Medications ( ) Food ( ) Insect Bites ( ) Other

Please explain \_\_\_\_\_

2. Does your child suffer from, or is being treated for: ( ) Asthma ( ) Epilepsy/Seizures ( ) Diabetes

( ) Frequent upset stomach ( ) Other Please explain \_\_\_\_\_

3. Date of last Tetanus Shot: \_\_\_\_\_ Does your Child wear ( ) Glasses ( ) Contacts ( ) None

4. Please list and explain any major illnesses your child has experienced during this last year: \_\_\_\_\_

\_\_\_\_\_

Additional Comments \_\_\_\_\_

\_\_\_\_\_

Should your child's activities be restricted for any reason? Please explain: \_\_\_\_\_

\_\_\_\_\_

# Medical Release and Permission Form

**When signing below, you agree to conform to these rules of conduct or be excluded from activities:**

- No possession (or use) of alcohol, drugs, tobacco, or any offensive or inappropriate material.
- No fighting, weapons, knives, fireworks, lighters, or explosives.
- No offensive or immodest clothing – girls 1 piece swim suits.
- Guys and Girls are not allowed to be alone unless by leader permission.
- Participation with the group is required at all scheduled events.
- Respect property – you break it – you buy it.
- Respect one another, staff, and adult leaders.
- Respect and follow all event schedules and rules set by event leaders.
- Refrain from cell phone use when instructed

**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: \_\_\_\_\_

Activities may include, but are not limited to the following: cookouts, swimming, tubing, skiing, lazertag, various sports, camping, hiking, retreats, mission trips (domestic and international), other travel.

*If you desire to limit your child's participation in any event, please submit your wishes in writing to the Cornerstone Community Bible Church Youth Pastor prior to that event*

Student name: \_\_\_\_\_ has my permission to participate in these activities.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Radiate Student Ministries (RSM) and Cornerstone Community Bible Church (CCBC) 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 all events being organized by the RSM leadership. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release RSM/CCBC, it's ministers, and any other adults connected with these events 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 RSM/CCBC, I/We agree to hold RSM/CCBC 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 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 student listed above. I/We also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the RSM/CCBC.*

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

*(Please submit in writing any changes that occur with your child or health insurance policy).*