

Effective dates: September 1, 2009 to August 31, 2010

**Please print in ink**

Name: \_\_\_\_\_ Age \_\_\_\_\_

Birthday \_\_\_\_\_

Year in school \_\_\_\_\_  Male  Female

Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Pager/cell \_\_\_\_\_

Medical insurance company \_\_\_\_\_

Policy# \_\_\_\_\_

Mother's name \_\_\_\_\_

Phone # Home \_\_\_\_\_ 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 student's safety and our knowledge, is your student a –

good swimmer  fair swimmer  non-swimmer

2. Does your student 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  
 frequently upset stomach  physical disabilities  diabetes

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

5. Does your student wear:  glasses  contact lenses

6. Please list and explain any major illnesses the student experienced during the past year:

\_\_\_\_\_

Should this student's activities be restricted for any reason? Please explain: \_\_\_\_\_

7. Additional comments: \_\_\_\_\_

## OUR BASIC CODE OF CONDUCT FOR OUR GROUP IS:

- No possession or use of alcohol, drugs, or tobacco
- No students can drive other students
- No fighting, weapons, fireworks, lighters, or explosives
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- 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.**

### Activities

May include, but are not limited to, the following: cookouts, boating, water skiing, swimming, basketball, roller skating, roller blading, games in the park, soccer, broom ball, volleyball, softball, baseball, camping, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.

\_\_\_\_\_ has my permission to attend  
Name of Student

All Youth activities sponsored at West Side Presbyterian Church.

\_\_\_\_\_ to \_\_\_\_\_.

### Consent form

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 also acknowledge that we will be ultimately responsible for the cost of any medical care should the health 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.

Parent / Guardian

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

**COVENANT  
TO BE SIGNED BY STUDENTS & STAFF**

For this event, we will be doing our best to live together as a family in Christian community. Family life is based on love, respect, trust, support and time spent together. Each of us as a member of the family is very important. To create and maintain this atmosphere of family and community, we agree to the following covenant:

1. We will be kind and considerate to each member of the group.
2. We will openly deal with problems and concerns.
3. We recognize that as sponsors we will try to consider the needs and wishes of each member of the group, but as participants we will abide by the decisions of the whole group or the sponsors at those times when larger concerns override personal wishes.
4. We recognize that we represent the West Side Presbyterian Church in particular and Jesus Christ in general and therefore, we will refrain from behavior that reflects badly on the Church.
5. We will abide by the laws of the state and acknowledge that criminal behavior (such as possession of alcohol) will result in our immediately being sent home at our parent's expense.
6. That, for liability reasons, we accept that a sponsor must be clearly aware of the location of every participant at all times.

Signed: \_\_\_\_\_

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

**PARENTS**

**In the case we cannot reach you in an emergency**, please give additional phone numbers and/or another family member that can take responsibility for approving decisions for any medical or other emergency that might arise:

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

Phone #: \_\_\_\_\_ Date/times at this number

Phone #: \_\_\_\_\_ Date/times at this number

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Signed: \_\_\_\_\_

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

**PARENTS**

If you will be somewhere **other than your home address as given on the Medical Release Form**, please give additional phone numbers and/or another family member that can take responsibility for approving decisions for any medical or other emergency that might arise:

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

Phone #: \_\_\_\_\_ Date/times at this number

Phone #: \_\_\_\_\_ Date/times at this number