

2017-2018 THE HEIGHTS YOUTH MINISTRY MEDICAL RELEASE FORM

Please print in ink & attach a photo copy of students medical insurance card (front & back).

Student's name: _____
Last First Middle

Date of Birth: ___/___/_____ Age: _____ Grade: _____

E-mail: _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

In Case of Emergency, Notify: _____

Father's Work #: _____ Cell #: _____

Mother's Work #: _____ Cell #: _____

Medical Insurance Company: _____

Policy # _____ Physican: _____

Physician's Office #: _____

Does your child have any health needs The Heights Baptist should be aware of?

YES NO

If yes, please submit notification in writing and attach to this form. Include names of medications/dosages that must be taken.

Does your child have any allergies (i.e. pollens/mold, medications, food, etc.)?

YES NO

If yes, please describe allergy and treatment: _____

Does your child suffer from, has ever experienced, or is currently being treated for:

asthma epilepsy/seizure disorder heart trouble diabetes

stomach problems other: _____

Permission form included on back.

2017-2018 THE HEIGHTS YOUTH MINISTRY PERMISSION FORM

We expect each student to conform to these rules of conduct:

- Students should not wander off by themselves. There should be at least 3 people with you at all times. NO COUPLING
- Respect all authority and do what they say
- Participation in all group activities is expected unless hospitalized
- Respect and comply with event schedules and rules
- Respect property
- No crude or degrading language
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters NO EXCEPTIONS

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's name (printed): _____

Student's signature _____ Date: _____

Activities may include, but are not limited to: cookouts, swimming, sports concerts, Bible studies, student conferences, mission trips, service projects, small group trips, sleepovers, visitation, & more.

(Student's Name:) _____ has my permission to attend all youth activities sponsored by The Heights Baptist Church.

This consent form gives permission to seek whatever medical attention is deemed necessary and releases The Heights Baptist Church and its staff of any liability against personal losses of named child.

I/We give my consent to medical and surgical treatment as needed in the judgment of the treating physician chosen by representatives of The Heights Baptist Church. I also give The Heights Baptist Church and its representatives permission to transport my child at their discretion in case of emergency. I hereby agree to hold The Heights Baptist Church, its pastors, employees, agents and volunteer workers harmless of any and all liability, actions, causes of actions, claims, expenses and damages on account of injury to my child, property, even injury resulting in death, which I now have or which may arise in the future connected with participation in any events organized by The Heights Baptist Church. I also give permission for my child to be transported by the pastors, employees, agents or volunteer workers of The Heights Baptist Church during events or activities scheduled by The Heights Baptist Church. I understand that Lack of cooperation with The Heights Youth Ministry policies/rules will result in my child returning home. I understand and will allow photos and videos of my child to be taken while attending The Heights Baptist Church events or activities and to be used in any The Heights Baptist publication.

Parent/guardian's name (printed): _____

Parent/guardian signature: _____ Date: _____