

Bethany Bible Fellowship Church Youth Ministry 2017-2018 Medical Release and Permission Form

Teen's Name: _____ Grade: _____ Birth Date: ___/___/___

Street: _____ City: _____

State: _____ Zip: _____ - _____ Phone : (____) _____

Family Doctor: _____ Phone : (____) _____

Medical Insurance Co.: _____

Plan/Policy #: _____ In whose name: _____

Father's Cell :(____) _____ Mother's Cell :(____) _____

Father's or Mother's email: _____

Emergency contact _____ Phone :(____) _____

I, _____, parent/guardian request that my child, _____, be allowed to participate in the various programs, events, and activities (hereafter collectively referred to as "Activities") of the Bethany Bible Fellowship Church Youth Ministry Program (hereafter referred to as the "Youth Ministry").

This permission slip applies to, and will be kept on file for all Youth Ministry Activities for September 1, 2017 – August 31, 2018.

I further give my permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while participating in the Church's Activities.

In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child waive and release any and all claims that I might have against the Church, its youth ministry, the minister of youth, the ministry's officers, and any parties volunteering on behalf of the Church or its youth ministry from all actions, claims, damages, costs, expenses, or damages of any kind growing out of or related to the Activities.

I acknowledge that this is a full and complete release for all injuries and damages which the above student may sustain as a result of participating in the Activities.

I authorize the treatment of the student by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in the Activities, including transportation to and from the site. This authority is granted only after a reasonable attempt has been made to contact me, the parent/guardian.

I give permission for my teen to meet alone with an adult Youth Ministry staff member of the same sex and to ride in the car with that staff member (when I have been contacted by phone from staff or student). I give permission to Bethany Bible Fellowship Church to use any pictures or videos taken of my teen at the Activities for whatever publication purposes the Youth Ministry sees fit, including, but not limited to, posting on their website, Facebook group, monthly newsletter, and displaying them on the bulletin board.

Signature of Parent/Guardian _____ Date _____

Please fill out both sides/sheets of this document

YOUTH RULES/RESPONSIBILITIES

1. *I will respect the right of each person to come and have fun.*
2. *I will conduct myself in a responsible manner.*
3. *I will be drug free at all youth events and activities (this includes alcohol and tobacco).*
4. *I will respect and cooperate with all adults present.*
5. *I will remain in the Youth Room or other chosen facility until the event is over.*
6. *I will be responsible for any guest I bring and will inform him/her of the Youth Ministry rules.*
7. *I will be responsible for my own belongings (camera, clothing, etc.)8. I will help clean up at the designated time.*

NOTE: Failure to submit to these rules could mean immediate dismissal from the Youth Ministry Activity at the expense of the Parents/Guardians. The student will not be permitted to return to the Activity until the matter has been resolved with the Youth Pastor, the student or students involved, and all the parents/guardians involved.

I agree to comply with all the above rules and regulations:

Signature of Student _____ 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 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 child's safety and our knowledge, is your student a:

good swimmer fair swimmer non-swimmer

2. Does your child have allergies to:

pollens medications food insect bites other _____

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 diabetes
 frequently upset stomach physical handicap other _____

4. Date of last tetanus shot: _____

5. Does your child wear: glasses contact lenses

Additional comments: