

Student Name: LAST FIRST MIDDLE INITIAL Age Birthday

Year in College: FR SO JR SR (circle one) College Attending: Male Female

Student's Email Student's Cell

Address City State Zip

Hm. Phone Mother's Cell Father's Cell

Mother's name Phone: Home Work

Father's name Phone: Home Work

If person(s) named above is not available in the event of an emergency, notify:

Name Relationship Home Phone Cell/Work (circle one)

Medical insurance company Policy #

Physician Office phone

Dentist Office phone

Event Information

The Student named above, has my permission to participate in any regular scheduled activities, on Sundays, Wednesday Nights or Saturday no-cost day trips, happening at Hessel Church (hereinafter the "Church") or in the local area during the dates stated above.

Parent/guardian signature: Date:

Permission for any additional activities outside the local area or that includes an overnight stay listed below.

Table with 3 columns: Date of Event, Event Name/Location, Signature & Date Signed. Multiple rows for listing activities.

**Medical Information ~ Check the following areas of concern for this student.**

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.

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
- 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
- Wear  glasses  contact lenses

If you checked any of the above, explain: \_\_\_\_\_

3. What, if any, medication is your child taking? \_\_\_\_\_

Special instructions for medications? \_\_\_\_\_

Should the youth leader carry medication for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have permission to be administered OTC medications as deemed necessary, by the leader? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please specify by circling kind (i.e., Ibuprofen, Acetaminophen, antacids, antihistamine, decongestant, etc.) and dosage \_\_\_\_\_

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

5. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

**Code of Conduct Information ~ we expect each student to conform to these rules of conduct**

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- 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.**

I, the student and parent/guardian, have read the rules of conduct, the above evaluation of my health, and permission to participate in HCSM activities. We agree to abide and stand by the stated personal limitations and code of conduct.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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; give my 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 student'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 the Church, I/we agree to hold such person 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. 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 student home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

**Parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_