

Name: _____ Age _____ Birthday _____
LAST FIRST MIDDLE INITIAL

Male Female

Email _____ Cell _____

Address _____ City _____ State _____ Zip _____

Hm. Phone _____

Spouse's name _____ Phone: Cell _____ Wk _____

• 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 _____

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 you are subject to 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. Are you a— good swimmer fair swimmer non-swimmer

2. Do you —

- 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 are you taking? _____

Special instructions for medications? _____

Do you carry this medication with you? Yes _____ No _____

4. Date of last tetanus shot: _____

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

Additional comments:

Should your 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

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 to me.

I, the undersigned, understand that there are inherent risks involved in any ministry or athletic event, and I 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 involvement. In the event that I am injured and require the attention of a doctor, I 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 agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I 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 affirm that the health insurance information provided above is accurate at this date. I also agree to bring myself home at my own expense should I become ill or if deemed necessary by a student ministries staff member.

Signature: _____ **Date:** _____