



Calvary Student Ministry Medical Release and Waiver 2019

Please Print

Name: _____ Age: _____ Birthday: _____
Last First Middle

Parent E-mail: _____ Male Female

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell Phone: _____

Medical Insurance Company: _____ Policy #: _____

Mother's Name: _____

Phone: Home _____ Cell _____ Work _____

Father's Name: _____

Phone: Home _____ Cell _____ Work _____

Emergency Contact: _____

Phone: Home _____ Cell _____ Work _____

Doctor: _____ 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. Please 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

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 epilepsy/seizure disorder heart trouble diabetes physical handicap
 frequently upset stomach asthma

4. Date of last tetanus shot: _____

5. Does your child wear glasses contact lenses

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

Additional comments:

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

For your 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
- Our leaders and staff have explicit rules and guidelines in our *MinistrySafe Student Ministry handbook.
- ALL students are expected to comply with these guidelines. *A copy of this handbook is available to parents.

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 Student Ministry activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: traveling in church or church affiliated sponsors vehicles, eating out, interacting or playing games with children or other minors in housing communities, parks, hospitals, orphanages and schools, enjoying recreational activities where setting allows such as a shopping mall, park or school.

Note: If you desire to limit your student's participation in any event, please submit your wishes in writing to the Student Ministry director prior to that event.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Calvary Baptist Church, its staff and chaperones, of any liability against personal losses of named minor.

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 Calvary Baptist Church. I/We understand that there are inherent risks involved in any ministry event, and I/we hereby release Calvary Baptist 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 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 Calvary Baptist 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 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 current 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 Ministry staff member or Student Ministry director.

Parent/guardian signature: _____ Date: _____