



2018-19 Medical & Photo Release & Permission Form

Today's Date: _____

FIRST NAME	MIDDLE NAME	LAST NAME	
BIRTH DATE:	MONTH:	DAY:	YEAR:
GRADE (as of start of 2018 the School Year):		School Attending:	GRADUATION YEAR:
ADDRESS:	CITY	STATE	ZIP
Email:	Student's Cell Phone #:		
ALLERGIES: <i>(Please list any and all allergies)</i>			
MEDICAL INSURANCE COMPANY		POLICY #	
MOTHER'S NAME		PHONES— Cell/Home/WORK	
FATHER'S NAME		PHONE— Cell/Home/WORK	
EMERGENCY CONTACT		PHONE — Cell/Home/WORK	
PHYSICIAN		OFFICE PHONE	
DENTIST		OFFICE PHONE	

Medical History

If necessary, describe in detail any physical and/or psychological ailment, illness, limitation, disability, or condition of which the staff should be aware, and any action 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. 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

2. Date of last tetanus shot: _____ 3. 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

- Possession or use of alcohol, drugs, or tobacco is prohibited
- Students are not permitted to drive to any activity. The only exception being driving themselves to or from Youth Group
- 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, 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. **I also agree to allow my picture to be taken in the course of Youth Group activities & used for Youth Group purposes up to & including Social Media, student website, print media, and other marketing for NUCleus Student Ministries. Parents signature below attests to their agreement of this.**

Student signature: _____ **Date:** _____

_____ (name of student) has my permission to attend all youth activities or trips sponsored by Plymouth Avenue Christian Church (hereinafter the "Church") from **August 1, 2018 to September 1, 2019**. 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, and have given our 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/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 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 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 child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff.

Parent/guardian signature: _____ **Date:** _____