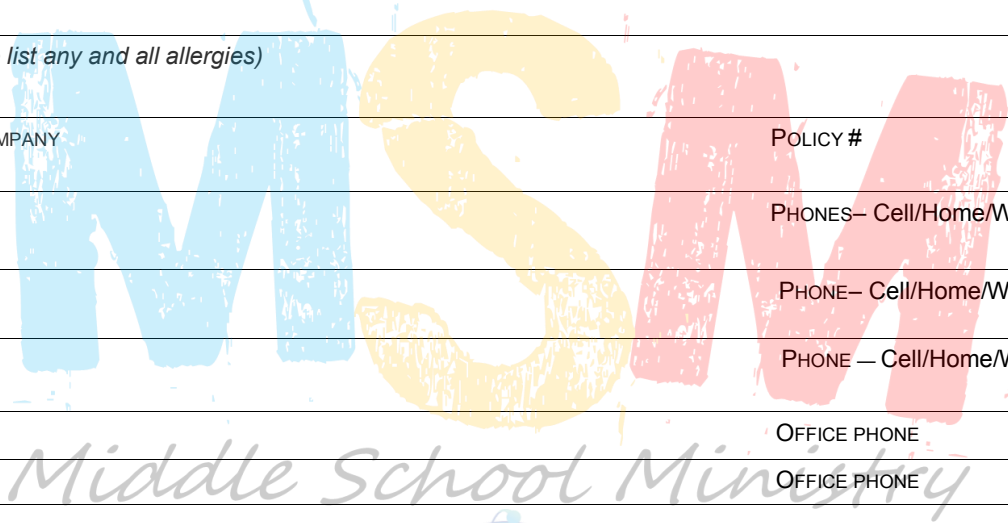




2018-19 Medical & Photo Release & Permission

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:
ADDRESS:	CITY	STATE
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 below:

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.**