

PLEASE PRINT IN INK.

Effective dates: _____ to _____

Full Name: _____ Age _____ Birthday _____

Check one: Male Female Grade this student is in _____

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Email _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone: Home _____ Work _____

Father's name _____ Phone: Home _____ Work _____

Emergency Contact _____ Phone: Home _____ Work _____

Physician _____ 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, in 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.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your student's safety and our knowledge, is your student a – Good swimmer Fair swimmer Non-swimmer
2. Does your student 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:
 Asthma Epilepsy / seizure disorder Heart trouble Diabetes
 Frequently upset stomach Physical handicap Other
4. Date of last tetanus shot: _____
5. Does your student wear - Glasses Contacts
6. Should this student's activities be restricted for any reason? Please explain:

7. Please list and explain any major illnesses the student experienced during the past year:

We expect each student to confirm to the following rules of conduct. Students who fail to comply with these expectations may be sent home at their parents' expense.

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No student may leave the event without prior written permission from a parent or guardian
- 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 and 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.

Student Signature: _____ Date: _____

Activities may include, but are not limited to, the following: cookouts, boating, water skiing, swimming, basketball, bowling, roller skating, rollerblading, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, theme park trips, service projects, lock-ins, fundraiser meal and preparation and hayrides.

Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth minister prior to that event.

_____ has my permission to attend all youth activities sponsored by Wheatland Christian Church Youth Ministry. Any photographs / videos taken of my child during these events may be used on the Church website, newsletters and other materials to promote the youth ministry of WCC only.

This consent form gives permission to see 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 ministers, 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 member.

Parent / Guardian Signature: _____ Date: _____