

MEDICAL AND LIABILITY RELEASE FORM
Snellville Church of Christ

Student's Name: _____ Age _____ Birthday _____
Year in school _____ Male _____ Female _____ Email _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Student's Cell Phone _____
Medical insurance company _____ Policy # _____
Mother's name _____ Cell Phone: _____
Father's name _____ Cell Phone: _____
Emergency contact _____ Phone: _____
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, 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.

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 any allergies (i.e. pollens, medications, food, insect bites)? • Yes • No

If Yes, please describe allergy and treatment:

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

4. Date of last tetanus shot: _____

5. Does your child wear • glasses • contact lenses • none

6. Medication(s) currently taking:

7. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? (Please Explain) _____

Student Responsibility

For your information, we expect each student to conform to these rules of conduct at all events.

No possession or use of alcohol, drugs, or tobacco.

If a student drives, you as the parents and student assume full responsibilities for their actions.

No fighting, weapons, fireworks, lighters, or explosives.

No offensive or immodest clothing. Abide by dress code of Snellville Youth Group

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 and rules.

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. Student's Name (printed): _____

Student signature: _____ Date: _____

Activities

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, skiing, snowboarding, hiking, concerts, Bible studies, miniature golf, hayrides, student conferences, rock climbing, lock-ins, mission trips, service projects, small group trips, sleep-overs, paintball, inflatables, high and low element group activities, and more. *Note: If you desire to limit your child's participation in any event, including those not listed here, please submit your wishes in writing to the youth minister prior to that event.*

Permission and Consent

I give permission for my child, _____, to participate in all activities as part of the ministry of Snellville Church of Christ. Every activity sponsored by this church is carefully planned and supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. As parent or legal guardian of said minor, I accept full responsibility for my child's participation in Snellville Church of Christ's activities including transportation to and from any location in connection with church events. I also agree that I will not hold Snellville Church of Christ or its employees or volunteer workers or members liable for damages, losses, illnesses, or injuries to the minor named on this form. I will assume full responsibility for any medical costs incurred in the event of an accident or other incident requiring medical treatment. I release Snellville Church of Christ from any liability. In the event of an emergency in which my child is in need of immediate hospitalization, medical attention or surgery, and after reasonable efforts, determined by the youth minister or youth worker, have been made to contact me or my spouse and we cannot be located for the purpose of consenting thereto, consent for the emergency attention may be given by the youth minister or other youth worker. It is understood that my child will obey all regulations and follow instructions of the leaders. I agree to pay any expenses including the cost of my son/daughter being sent home if such discipline is deemed necessary. I understand that this form and my signature are for both medical and liability release. By signing this I also understand that it is my responsibility to submit a completed new form when information requested on this form changes. This may include, but is not limited to, medical history, current family doctor and insurance information.

Signature: _____ Date: _____

Print Signer's Name: _____

NOTARY PUBLIC
My commission expires: _____

Date (SEAL)