

Annual RENEWED Youth Group Medical Release & Permission Form

Effective Dates: 09/01/16 to 09/30/17

Please print in ink and attach a photo copy of the student's medical insurance card (front and back)

Student's Name: _____ Age: _____
LAST FIRST MIDDLE

Date of Birth: _____ Year in School: _____ Male Female

Address: _____ City: _____ State: _____

Zip: _____ Home Phone: _____ Student's Cell: _____

Student's Email: _____ Parent's Email: _____

Medical Insurance Company: _____ Policy #: _____

Mother's Name: _____ Phone: Home: _____
 Work: _____ Cell: _____

Father's Name: _____ Phone: Home: _____
 Work: _____ Cell: _____

Emergency Contact: _____ Phone: Home: _____
 (Non-Parent) Work: _____ Cell: _____

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. 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 (use the back of this sheet for additional space):

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 (on trips)
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No offensive language
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- No public display of affection
- 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's signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, skiing, snowboarding, tubing, hiking, concerts, Bible studies, Bible Quiz outings and meets, miniature golf, hayrides, apple picking, student conferences, retreats, conventions, rock climbing, lock-ins, missions trips, service projects, small group trips, sleep-overs, and more. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to Jen Schultheis prior to that event.*

_____ has my permission to attend all youth activities
Name of Student
sponsored by Trinity Assembly of God from 09/01/2016 to 9/30/2017.
Date Date

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Trinity Assembly of God 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 Trinity Assembly of God. ***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 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 Trinity Assembly of God, 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 through the date listed on this form. I/We also agree to bring my/our child home at my/our expense should they become ill or deemed necessary by the student ministries staff member.

I/we also, hereby give permission for my child to take over the counter medication (Tylenol, Ibuprofen, Tums, etc.) at the recommended dosage if needed. Please indicate any/all over the counter medication your child is allergic to or you do not give permission to take. Please specify if it is an allergy.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Parent/guardian's name (printed): _____

Parent/guardian's signature: _____

Date: _____

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