

# First Christian Church Yearly Release Form

Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

(Today's Date) (One Year From Today)

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

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Last First MI

Grade in school: \_\_\_\_\_ Male Female Cell: \_\_\_\_\_ Receive Texts?: Y N

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Address City State Zip

Medical insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_

Email: \_\_\_\_\_

Father's name: \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (Relationship): \_\_\_\_\_ Phone#: \_\_\_\_\_

Physician: \_\_\_\_\_ Office phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office phone: \_\_\_\_\_

## Medical History

Does your child have any physical or mental ailment that the staff should be made aware of, and what, if any, action of protection is required on the staff's account? No Yes, Explain:

\_\_\_\_\_  
\_\_\_\_\_

Does your child take any medications, prescribed or over the counter, that the staff should be made aware of and dispense if necessary? No Yes, List:

\_\_\_\_\_  
\_\_\_\_\_

**Check the following area 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:**

**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:**

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**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 child wear:**    **Glasses**    **Contact Lenses**    **None**

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

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**Should this child's activities be restricted for any reason? Explain:**

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## Code of Conduct

We expect each student to conform to these rules of conduct:

- NO possession or use of alcohol, drugs, or tobacco.
- No students will drive/ride with other students to events. Students will ride church approved transportation.

*Note: Students needing to leave early from an event may be allowed to drive with parent permission provided to JD.*

- No fighting, weapons, fireworks, lighters, or explosives.
- Students will comply with the dress code.
  - No Drug, Alcohol, or Explicit clothing, No Sagging Pants, No Miniskirts, Short Shorts, or Low Cut Tops. When swimming is involved, no two-piece bikinis or speedos.
- 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 will be sent home at their parent's 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 to the stated personal limitations and codes of conduct.

Student's (printed): \_\_\_\_\_

Student's signature: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing/tubing, swimming, basketball, dodgeball, volleyball, softball, baseball, camping, hiking, concerts, Bible studies, miniature golf, hayrides, students conferences, rock climbing, lock-ins, mission trips, service projects, small group trips, sleep overs, and other youth group related activities. If you desire to limit your child's participation in any event, please submit your wishes in writing to JD Miller prior to that event. *Note: Some events will require a separate release form from the venue.*

\_\_\_\_\_ has my permission to attend all youth activities sponsored by  
(Name of Student)

First Christian Church from \_\_\_\_\_ to \_\_\_\_\_.  
(Today's Date) (One Year From Today)

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases First Christian 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 give our consent for him/her to attend events being organized by First Christian 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 First Christian 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 to 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's name (printed): \_\_\_\_\_ / \_\_\_\_\_

Parent/guardian's signature: \_\_\_\_\_ / \_\_\_\_\_

Date: \_\_\_\_\_