

Medical Release and Permission Form

Effective dates: June 202		Please print in ink				
Name:				Age	Birthday	
Name:Last	First	Middle		0	•	
Year in school	u Ma	ale 🗆 F	emale Email			
Address		City		State	Zip	
Home Phone			Mobile Ph	none		
Medical insurance company			Policy	#		
Mother/Guardian's name			Phone:	Cell	Work	
Father/Guardian's name			Phone:	Cell	Work	
Emergency contact			Phone: 0	Cell	Work	
Physician			Office ph	one		
Dentist			Office ph	one		
If necessary, describe in detail t weakness, limitation, handicap, what, if any action of protection Include names of medications a	disability, or corn is required on a and dosages that	ndition to what account there must be take	nich your child is eof. Submit this n en.	subject and of whotification in wri	ich the staff should be aw ting and attach it to this fo	
Check the following areas o			•	idd affolffer pag	e with details:	
•	or your child's safety and our knowledge, is your student a— good swimmer fair swimmer			☐ non-swimr	ner	
2. Does your child have allers	_		·•			
pollens	□ medicati	ons	☐ food	☐ insect bites	s 🔲 none	
3. Does your child suffer from			or is being trea			
☐ asthma	epilepsy	/ seizure di	sorder	☐ heart troul	ole 🔲 diabetes	
☐ frequently upset stomach ☐ physical handicap			ndicap	☐ none		
4. Date of last tetanus shot: -						
5. Does your child wear	☐ glasses		☐ contact len	ses	□ none	
6. Please list and explain any Additional comment	-	s the child e	xperienced duri	ing the last year	:	

Should this child's activities be restricted for any reason? Please explain:



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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

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 abo youth group activities. I agree to abide by the stated p	ve evaluation of my health, and permission to participate in personal limitations and code of conduct.
Student signature:	Date:
rollerblading, games in the park, soccer, broomball, ic skiing, snowboarding, hiking, biking, concerts, Bible s	ts, boating, water skiing, swimming, basketball, roller skating, e skating, volleyball, softball, baseball, camping, downhill studies, golfing, miniature golf, hayrides. Note: If you desire to tryour wishes in writing to the church youth pastor prior to that
Name of Youth	has my permission to attend all youth activities
Sponsored by New Life Church (hereinafter th	te "Church") from June 2024 to August 2025.
This consent form gives permission to seek whatever medi- staff of any liability against personal losses of named child.	cal attention is deemed necessary, and releases the Church and its
events being organized by the Church. I/We understand the and I/we hereby release the Church, its pastors, employees injury, loss, or damage to person or property that may occur he/she is injured and requires the attention of a doctor, I/we by a licensed physician. In the event treatment is required a I/we agree to hold such person free and harmless of any classical consent. I/We also acknowledge that we will be ultimately medical care not be reimbursed by the health insurance proprovided above is accurate at this date and will, to the best I/we also agree to bring my/our child home at my/our own ministries staff member.	med above, a minor, and have given our consent for him/her to attend at there are inherent risks involved in any ministry or athletic event, agents, and volunteer workers from any and all liability for any ur during the course of my/our child's involvement. In the event that we consent to any reasonable medical treatment as deemed necessary from a physician and/or hospital personnel designated by the Church, aims, demands, or suits for damages arising from the giving of such responsible for the cost of any medical care should the cost of that ovider. Further, I/we affirm that the health insurance information of my/our knowledge, still be in force for the student named above. expense should they become ill or if deemed necessary by the student
Parent/Guardian's signature:	Date:



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Photo Release

Pictures will be taken of the youth for New Life Church for any use including but not limited to: publicity, copyright purposes, illustration, advertising, and web content. This could include but is not limited to: bulletin boards, newsletters, other "hard-copy" publications, websites, and social media accounts. Please indicate below whether we have your permission to photograph your child for CHURCH RELATED uses.

I,	give permission for New Life Church to photograph my
youth,	and to use the photos in Church-related hard-copy publication
and for use on the church website.	
PARENT/GUARDIAN'S SIGNATURE	DATE