

2019/2020 PERMISSION / MEDICAL RELEASE FORM

Student Name: _____

Age: _____ Grade: _____ Birth Date: ____/____/____ Student Cell: _____ OK to Text? **Y / N**

Gender: Male / Female Student Email: _____

Parent/Guardian Name: _____

Address: _____

Phone # _____ OK to Text? **Y / N** Email: _____

Parent 2 Name (Optional): _____ ☐ Same Address

Phone # _____ Email: _____

Emergency Contact: _____ Phone # _____

HEALTH HISTORY: (mark all that apply)

Allergies: Hay fever ____ Medications ____ Food ____ Insects ____ Other: _____

Medical Conditions: Asthma ____ Heart condition ____ Diabetes ____ Seizures ____ Disability ____

Headaches/Migraines ____ Stomach upset ____ Other: _____

Current medications: _____

Please give details (i.e., medication directions, treatment for condition, and any special diet restrictions)

Tylenol or Ibuprofen for headache, minor pain, or fever? Yes / No Any activity restrictions? Yes / No

Describe: _____

Physician _____ Phone # _____

Do you have health insurance? Yes / No

Policy Holder: _____ Policy # _____

Name of carrier: _____

PARENT/GUARDIAN RELEASE

I, the undersigned, certify that I am the parent/legal guardian of the above listed child.

I give my consent for my child to attend the youth activities of Chippewa Valley Bible Church (CVBC) from **JUNE 2019 – MAY 2020**.

These activities will be under the supervision of leaders of CVBC. I agree to not hold CVBC or any of the individual leaders responsible for injuries or loss if any accident may occur.

In case of accident or serious illness, I consent to any necessary medical, surgical, or dental treatment for my minor child. I understand that efforts will be made to contact me prior to treatment. In the event that I cannot be reached, I hereby authorize the CVBC staff or youth staff to secure medical treatment necessary for the welfare of my child. This includes any hospital or physician visit while traveling to or from activities, as well as local emergency needs when activities are on or off the church property.

Any photos taken of my child while participating in church-sponsored functions may be used in church promotional materials. I understand no personal information will be released.

Parent/guardian signature: _____

Print Name: _____ **Date:** ____ / ____ / ____