



Medical Release and Permission Form (6th-12th Grade)

Effective Dates: September 2020 – June 2021

Must be filled out for each child.

Please print clearly and in ink.

Student's Name _____
(Last, First)

Age _____ Birthday _____ Year in School _____

Name of Parent(s) or guardian(s) _____

Home Address _____

City _____ State _____ Zip _____ Phone _____

Email Address _____

Emergency Contact _____ Home _____ Other _____

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 medication and dosages that must be taken. Circle the following areas of concern for this student. If necessary, add another page with details.

1. Does your child have allergies? If so, please list _____

2. Does your child suffer from, has ever experienced, or is being treated for any of the following:
Asthma Epilepsy/seizure disorder Heart trouble Diabetes Upset stomach Physical Handicap

3. Should this child's activities be restricted for any reason? (Please explain) Yes No

4. Is your child taking any medications? (if so please list) Yes No

Rules of Conduct

For your information, we expect each student to conform to these rules of conduct:

- Respect property, one another, staff and adult leaders.
- No bullying will be tolerated at any time.
- No possession or use of alcohol, drugs or tobacco is allowed.
- No students can leave (walk or drive) the church property during youth group meeting times.
- All cell phones, mp3 players, or other electronic devices must be left at home.
- No fighting, weapons, fireworks, lighters, explosives, or any other pyrotechnics are allowed.
- It is expected that the students will dress appropriately.
- All students are expected to respect and comply with event schedules.

Parents will be notified if their child fails to comply with these expectations and may be asked to pick up their child. If a student is found with alcohol, drugs, tobacco, weapons, firearms, explosives, fireworks, or pyrotechnics the police will also be notified immediately.

Permission to Travel

Friday night youth groups are mostly at the church for their activities. However, there are times when the groups will be out about town or traveling to other locations. By signing this form you are giving permission for your child to attend **ALL** Friday night activities, unless otherwise specified. Activities may include, but are not limited to: bowling, athletic events, cookouts, swimming, basketball, roller skating, rollerblading, games in the park, soccer, ice skating, volleyball, softball, baseball, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, miniature golf, hayrides, go-cart riding, etc. **Note:** *If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth leaders prior to that event.*

(Name of Student) _____ has my permission to attend all youth activities sponsored by Bethany Lutheran Brethren Church from September 2020 – June 2021.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the 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 have given our consent for him/her to attend events being organized by the 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 that treatment is required from a physician and/or hospital personnel designated by the 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 at 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 members.

Signed _____ Date _____

(Name of Parent or Guardian)

- Authorization to use pictures taken on Friday night.