

warehouse medical release & permission form

Effective dates: 1/1/09 - 12/31/10

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

Student's Name: _____ Age: _____ Birthday: _____ Male Female

Year in School: _____ School Name: _____ Parent's Email: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____ Alt. Phone: _____

Medical Insurance Company: _____ Policy #: _____

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

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

Emergency Contact: _____ Phone: _____ 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 Fair or A Non-Swimmer

2. Does your child have any allergies (i.e. *environmental, medications, food, insect bites*)? Yes No

If yes, please describe allergy and treatment: _____

3. Does your child suffer from, ever experienced or is currently being treated for any of the following: *(circle ALL that apply)*

Asthma	Epilepsy/Seizure	Heart Condition	Diabetes	Frequent Stomach Upset
Physical Disability	Mental / Emotional Disability	Food Allergies	ADHD	

4. Please list medications and dosage/s: _____

5. List any major illnesses the child experienced during the last year: _____

6. Date of last tetanus shot: _____

7. Does your child wear: glasses contact lenses none

PLEASE COMPLETE OTHER SIDE

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Additional comments: _____

Should this child's activities be restricted for any reason? Please explain (*add another page, if necessary*)

For your information, we expect each student to follow 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 areas and no girls in boys' sleeping areas
- 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 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: boating, water skiing, swimming, ice skating, camping, skiing, snowboarding, hiking, concerts, student conferences, rock climbing, mission 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 Kevin Manning prior to that event.*

My child, _____ has my permission to attend all youth activities that are sponsored by NorthPointe Community Church from _____ 1/01/2009 _____ to _____ 12/31 _____, 2010

This consent form gives permission to seek whatever medical attention is deemed necessary and releases NorthPointe Community 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 NorthPointe Community 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 NorthPointe Community 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 Students Ministries Staff.

NORTHPOINTE COMMUNITY CHURCH RESERVES THE RIGHT TO USE ANY AUDIO, VIDEO AND/OR PHOTOGRAPHY OF STUDENTS ON ANY OF THE ABOVE ACTIVITIES.

PARENT/GUARDIAN NAME (PRINTED): _____ DATE: _____

PARENT/GUARDIAN SIGNATURE: _____