

Medical Release & Permission Form Effective dates: January 2009 to December 2009



Please print in ink

Name: _____ Age: _____ Birthday: _____

School Name: _____ Grade: _____ Male: _____ Female: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone Number: _____

Medical Insurance Company: _____ Policy #: _____

Mother's Name: _____ Phone: Home _____ Work: _____

Father's Name: _____ Phone: Home: _____ Work: _____

Emergency Contact: _____ Phone: Home: _____ Work: _____

Physican: _____ 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 child. If necessary, add another page with details:

- 1. For your child's safety and our knowledge, is your student a –
 good swimmer fair swimmer non-swimmer
- 2. Does your child have allergies to –
 pollens medications food insect bites

Please describe the adverse reaction: _____

- 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 physical handicap

4. Date of last tetanus shot: _____ / _____ / _____

5. Does your child wear _____ glasses _____ contact lenses

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

Additional Comments:

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

(Please sign back page)

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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 student 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 parent's/guardian's expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in Lighthouse Youth Ministries, Inc. group activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature: _____ Date: _____ / _____ / _____

Activities may include, but are not limited to: cookouts, boating, swimming, basketball, roller-skating, rollerblading, skateboarding, games in the park, soccer, ice skating, volleyball, baseball, camping, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, as well as, transportation to and from these events. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Lighthouse Youth Ministries, Inc. Executive Director prior to that event.

_____ has my permission to attend all youth activities
NAME OF STUDENT

sponsored by **Lighthouse Youth Ministries, Inc.** (hereinafter the "youth ministry" from **January 2009 to December 2009**

This consent form gives permission to seek whatever medical attention is deemed necessary, and release the Lighthouse Youth Ministries, Inc. and it's staff of any liability against personal losses of named student.

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 youth center. I/We hereby release the youth center, its directors, 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 the youth center, 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 member. I give permission for the Lighthouse Youth Ministries, Inc. to use any photographs taken of the registrant during the trip for Lighthouse Youth Ministries, Inc. publicity.

Parent/guardian signature: _____ Date: _____