

**Old Fort Baptist Church**  
**Student Ministry**  
**Medical Release and Permission Form**  
Effective Dates: January 1, 2017 – December 31, 2017

Please print in ink

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Last First Middle

Year in school: \_\_\_\_\_ Male/Female Email: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Pager / Cell: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**Please attach copy of Medical Insurance Card both front and back**

### 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 swimmer, fair swimmer, non-swimmer
2. Does your child have allergies to -pollens medications food insect bites
3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following: asthma epilepsy / seizures heart trouble diabetes frequently upset stomach physical handicap
4. Date of last tetanus shot: \_\_\_\_\_
5. Does your child wear glasses contact lenses
6. Please list and explain any major illnesses that your child has experienced during the last year:

**Additional comments:**

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

**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 guys' sleeping quarters**

**Participation with the group is expected**

**Respect property**

**Respect one another, staff, and adult leaders**

**Respect and comply with event schedules**

**The following are guidelines for appropriate dress:** These are general guidelines which are modified as fashion and trends change. Before each activity the youth will be informed as to what specifically would be appropriate and modest dress as it relates to the specific activity. Please help us represent our church and more importantly the Lord in this area. You don't have to agree with all of these, but you do have to respect them.

. Shirt straps should be at least three fingers wide.

. Skirts should not be higher than three inches above the knee when standing. (Please no mini-skirts)

. Shorts are too short if you can touch skin when your arms and hands are straight down. (No cheerleading shorts, or short shorts, especially the ones with writing on the back area.)

. Shirts are too short if skin is revealed when arms are raised.

. Women should not wear tight or revealing clothing.

. Men should not wear muscle shirts (wife beaters) and must keep pants pulled up.

. Bathing suits should be modest one piece suits (no tankinis and no bikinis with shirts over them). Guys, no Speedos, please!

. Students failing to respect these guidelines will be asked to change or be sent home.

. Clothing should be free of rude, crude, suggestive, offensive language, logos, and pictures. (Examples: Beer / Liquor shirts, Inappropriate Bands, etc.)

- . Occasionally we will use the following terms to communicate appropriate dress as it relates to activities.
- o **Casual Dress:** Jeans, appropriate shorts, t-shirts, tennis shoes or sandals as the activity and weather would allow for.
- o **Work / Missions Dress:** Jeans, t-shirts (no sleeveless, tank tops, spaghetti straps, etc), closed toe shoes (no sandals), hat, gloves, and whatever else the job and weather might require. Shorts are generally unacceptable for work projects, but any exceptions will be announced by the youth staff.

**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 above 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 signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church Student Pastor prior to that event.

\_\_\_\_\_ has my permission to attend all youth activities sponsored by Old Fort Baptist Church.

Name of Student

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 Old Fort Baptist 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 treatment is required from a physician and / or hospital personnel designated by Old Fort Baptist 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 member.

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

[Old Fort Baptist Church]  
[Student Ministries (843) 873-2283]