First Evangelical Presbyterian Church of Roanoke

Permission and Medical Release Form

Effective date: 20_____

Name: _____ Age:_____ Birthday: _____

(First) (Middle) (Last)

☐ Male ☐ Female Email: _____

Address: _____ City:_____ St._____ Zip: _____

Mother's name: _____ Father's name: _____

Mother's Phone: _____Father's Phone: _____

Med. Ins. Co. _____Policy #: _____

Emergency contact: _____ Phone: _____

Physician _____Office No. _____

Dentist _____Office No. _____

Medical History

Check the following areas of concern for this child/youth (C/Y). If necessary add another page with details.

1. Is this C/Y a … ___ good swimmer ___ fair swimmer ___ non-swimmer
2. Does this C/Y have allergies to … ___ pollens ___ medications ___ food ___ insect bites

Any special medications or treatments for allergies? Please list both the specific allergy and its treatment.

3. Does this C/Y suffer from, or has ever experienced, or is being treated currently for any of the following…

___asthma ___ epilepsy/seizure disorder ___ anxiety ___heart trouble ___ diabetes

___frequent upset stomach ___unseen disability

Any special medications or treatments for these conditions? Please list all medications.

4. Date of last tetanus shot: _____
5. Does this C/Y wear ___ eye glasses or ___contact lenses? ___hearing aids? ___prosthetics_____?
6. Please list and explain major illnesses this C/Y has experienced during the last year.

Should this C/Y activities be restricted for any reason? Please explain:

7. Does this C/Y have any mental health issue we need to be aware, please identify. (**Know that you may be asked to attend an event to provide support for your student's special needs.)**

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(Youth/Parents) For your information, we expect each youth to conform to these rules of conduct.

No possession or use of alcohol, drugs, or tobacco
No youth can drive to event without parental permission or with another youth not of family
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 and schedule is expected
Respect property, facilities, one another, staff, and leaders

Youth who fail to comply with these expectations may be sent home at the parent's expense.

I, the youth 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.

Youth signature _____ **Date**:_____

(Parents)

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, outdoor and indoor games, soccer, ice-skating, volleyball, softball, baseball, kickball, camping, skiing, snowboarding, hiking, biking, concerts, professional sports, Bible studies, golfing, miniature golf, hayrides, inflatable games, and caving. If you desire to limit your child's participation in any event, please submit your wishes in writing to the youth director prior to that event.

I give my permission for (C/Y's name)_____ to attend all youth activities sponsored by **First Evangelical Presbyterian Church (FEPC) of Roanoke**.

This consent form gives permission to seek whatever medical attention is deemed necessary and releases FEPC and its staff of any liability against personal losses of named student.

I/we, the undersigned, have legal custody of the C/Y named above and have given our consent for him/her to attend events being organized by FEPC. I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release FEPC, 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 this C/Y's involvement. In the event that he/she is injured and requires medical attention, I/we consent to any reasonable medical treatment as deemed necessary. In the event treatment is required from a physician and/or hospital personnel designated by FEPC leader, 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 C/Y named above. I/we also agree to bring my/our C/Y home at my/our own expense should they become ill or if deemed necessary by the youth ministries staff member.

Parent/guardian signature:_____**Date**_____