F B C Alexander City , AL - HERE IN AFTER THE CHURCH
Children / Student Ministry Program (Grade 7-12)
MEDICAL RELEASE / PARENTAL CONSENT FORM

*** Form is legal for 15 months from date notarized or signed ***

INSTRUCTIONS : ***Please print legibly in ink and complete front and back of this form. All signatures must be notarized or witnessed.***

CHILD / STUDENT INFORMATION

Name _____ (LAST NAME) (FIRST NAME) (MIDDLE NAME)

Sex ☐ M ☐ F	Birth Date:	Church Attending:	Age:	Grade:
School:	Child / Student Email:			
Permanent Home Address:			Home Phone: ( )	
City:	State:	Zip	Cell Phone: ( )	

PARENT / GUARDIAN AND EMERGENCY CONTACT INFORMATION

Name of Parent or Guardian:		Home Phone: ( )
Relationship to Child:	Employer	Work Phone: ( )
Email :		Cell Phone: ( )
Name of Parent or Guardian:		Home Phone: ( )
Relationship to Child:	Employer	Work Phone: ( )
Email :		Cell Phone: ( )

If parents are divorced or separated, who has legal custody?

Please indicate another LOCAL relative or friend to notify in case of an emergency and we cannot locate parent and/or guardian.	Name	Home Phone: ( )
		Work Phone: ( )
	Relationship	Cell Phone: ( )

CHILD / STUDENT MEDICAL INFORMATION

Name of Child / Student as Listed on Medical Insurance:

Name of Primary Insurance Company:

Policy #:	Group #:	Policy Holder Name:

Name of Secondary Insurance Company (if applicable):

Policy #:	Group #:	Policy Holder Name:

CHILD / STUDENT MEDICAL HISTORY

Physician:	Office Phone:
Dentist:	Office Phone:

Date of last tetanus shot: Does your child wear ☐ glasses ☐ contact lenses

Rate this child's general health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Is this child currently under a physician's care for any illness? ☐ Yes ☐ No
If yes, please explain:

Should your child's activities be restricted for any reason? ◯ Yes ◯ No If Yes, please explain.

Check medicines that can be given your child

☐ Tylenol ☐ Ibuprofen
☐ Benadryl ☐ Pepto-Bismol
☐ Sudafed ☐ Imodium
☐ Advil ☐ Nasal Spray
☐ Anti-acids
☐ Dramamine

List any medication taken regularly: Dosage: Frequency:

Please check the best description of your child's swimming ability: ❑ good swimmer ❑ fair swimmer ❑ non-swimmer

Does this child have any allergies to any of the following: ❑ pollens ❑ medications ❑ food ❑ insect bites ❑ other
If so, please explain:

Describe in detail the nature / severity of any allergies, physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or other special medical condition(s) to which your child is subject and of which the staff/volunteers of the Church should be aware, and what, if any, action of protection is required on account thereof. If more room is needed, please submit additional information in writing and attach it to this form.

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Does this child suffer from, or ever experienced, or is being treated currently for any of the following (if checked, please explain below):

☐ asthma	☐ epilepsy/seizure disorder	☐ heart trouble
☐ diabetes	☐ fainting spells	☐ phobias (describe)
☐ eating disorders	☐ frequently upset stomach	☐ physical handicap
☐ respiratory problems	☐ headaches	☐ other

Description & Explanation:

Please list and explain any major illnesses and/or hospitalizations this child experienced during the last year.

EXPECTATIONS OF CHILD / STUDENT

We expect each child or student and adult sponsor/chaperone to conform to these rules of conduct:

* No CDs, DVDs, IPODs, radios, headphones, mp3 players, computers.
* No students can drive.
* No possession or use of alcohol, drugs, or tobacco.
* No fighting, weapons, fireworks, lighters, or explosives.
* Respect property. Respect one another, staff, and adult leaders/sponsors/chaperones.
* No boys in girls' sleeping quarters and no girls in boys' sleeping quarters.
* Participation with the group is expected. Respect and comply with event schedules.
* No offensive or immodest clothing. ***ONE PIECE BATHING SUITS FOR GIRLS.***

I, the youth/student/child listed on this form, have read the rules of conduct, the evaluation of my health, and permission to participate in the Children / Student Ministry group activities. I agree to abide by the stated personal limitations and rules of conduct.

Child / Student Signature

THOSE WHO FAIL TO COMPLY WITH THESE EXPECTATIONS MAY BE SENT HOME AT THEIR PARENTS' EXPENSE!

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Activities, retreats and trips may include, but are not limited to: amusement parks, baseball, basketball, Bible studies, biking, boating, bowling, broomball, canoeing, camping, cookouts, concerts, downhill skiing, DNOW, go carts, going out to eat, golfing, football, 5th quarters, games in the park, hayrides, hiking, ice skating, laser tag, malls, miniature golf, mud volleyball, retreats, river rafting, roller-skating/blading, softball, snowboarding, slip-n-slides, soccer, summer camp, swimming, volleyball, water sports, etc. ***Note to Parents: If you desire to limit your child's participating in any event, please submit your wishes in writing to the Church prior to that event.*** As the parent (or legal guardian), I the undersigned, certify that my child, named in this Medical Release and Parental Consent Form, has my express permission to participate in all activities, of any nature, sponsored by the Church for the as indicated by my signature at the bottom of this form. If I desire to limit my child's participation in any event, I understand I must submit my wishes in writing to the Church prior to that event. I also give my permission for the Church leaders to restrict my child from participating in any activity which they have any question about for health or other reasons. I also give permission for my child to ride in any vehicle designated by the adult in whose care my child has been entrusted while attending and participating in all activities sponsored by the Church. I understand that there are inherent risks involved in any ministry or athletic event and knowing that the Church will always try to act responsibly, I fully release the Church, its pastors, employees, and volunteer workers/chaperones/sponsors from any and all liability for any claim, including, but not limited to injury, loss, or damage to person or property that may occur during the course of my child's involvement.

It is my understanding that the Church will attempt to notify me in case of a medical emergency involving my child. In the event that my child is injured and requires the attention of a doctor, I 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 Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I 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 affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the child named above. I also agree to bring my child home at my own expense should he/she become ill or if deemed necessary by the Childrens/Student Ministries staff member(s). **By signing this document I also acknowledge that my child's photographs may be used in any responsible fashion, by the Church, in its sole discretion, including but not limited to Church publications, videos, and websites.**

WITNESSED SIGNATURES

OR

NOTARIZATION - SIGNATURE MUST BE IN THE PRESENCE OF THE NOTARY

Parent/Guardian Signature: _____

Date:_____

WITNESS ONE : _____
Print

_____
Signature

WITNESS TWO : _____
Print

_____
Signature

Parent/Guardian Signature: _____
(Signature must be in the presence of the notary)

Date:_____

State of Alabama, County of _____:

Sworn to and subscribed before me on this

_____ day of _____, 20_____.

Notary Public _____

My Commission Expires: _____

(Need Notary Seal)

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