

Student's Name _____ Age _____ Date of Birth _____ Grade _____

Street Address _____

City, State, and Zip _____

Mother's Name _____	Daytime Phone _____	Evening Phone _____	Cell Phone _____
Father's Name _____	Daytime Phone _____	Evening Phone _____	Cell Phone _____
Emergency Contact _____	Daytime Phone _____	Evening Phone _____	Cell Phone _____

Medical Insurance Company _____ Policy # _____

Additional Insurance Information _____

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

Medical History

Describe in writing and attach to this form details regarding the nature and severity of any physical and/or psychological ailment, illness, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any, action or protection is required on account thereof. Also 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 other (please list) _____
Specific food or medication

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
 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 the child experienced during the last year:

Additional comments:

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

This section will be completed in February 2012

I have reviewed all Medical and Insurance Information. _____ 2/____/21012

Medical Release & Permission Form

SPC

Parent/Guardian Signature _____

Date _____

has my permission to attend all children/youth activities

NAME OF STUDENT _____

held at Second Presbyterian Church (hereinafter the "Church") from **February 1, 2011** to **January 31, 2013**.

This consent form gives permission to seek whatever medical attention is deemed necessary and releases the Church, its staff, and volunteers 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 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 treatment is required from a physician and/or hospital personnel designated by the 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. Consent is given to transport child to hospital via Ambulance or Ministry personnel's personal vehicle.

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 she/he become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature(s): _____ Date: _____

List anyone to whom your child should not be released:

Code of Conduct

SPC

For your information, we expect each student to conform to this Code of conduct:

- No possession or use of alcohol, drugs, or tobacco products
- No students can drive without written consent from the parents of the driver and any passengers.
- 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 parents' expense.

I have read the code 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 signature: _____ Date: _____

Parent signature: _____ Date: _____