

Youth Medical Info & Release Form - 2016-17 school year

This information could be important in the event that a student becomes ill or is involved in an accident. Please be as accurate as possible when filling out both sides of this form.

Student's Name _____ E-mail _____

Address _____ City _____ Zip _____

Birth Date _____ Year of Graduation _____ School _____
(from High School) (Indicate if Jr. or Sr. High)

Phone # _____ Cell Phone # _____

- ◆ I Would like to receive regular mailings/e-mails of upcoming activities

Please fill out any information if different from student.

Primary Guardian's Name _____ E-mail _____

Address _____ City _____ Zip _____

Phone # _____ Work # _____ Cell # _____

Secondary Guardian's Name _____ E-mail _____

Address _____ City _____ Zip _____

Phone # _____ Work # _____ Cell # _____

Medical Information

Student's Doctor _____ Phone # _____

Emergency Contact _____ Phone # _____

Health Insurance Provider _____ Policy # _____

Health History- Please indicate any special concerns we should be aware of i.e. Health Problems, Activity Restrictions, Dietary Restrictions, Drug Allergies, Food Allergies, Chronic Medical Conditions, Regular Medications.

Can we give your student: Tylenol, Advil, Cold Medication, Pepto Bismol, Dramamine?

Yes _____ No _____ (Please initial)

Behavior Guidelines

I understand the need to be responsible at youth group meetings, events, and trips, and follow these specific guidelines. I realize that my actions may affect the safety and community of a youth group meeting, event, or trip.

- ◆ **Electronics are not to distract from meeting, events, or trips**
- ◆ **Keep Public Displays of Affection appropriate**
- ◆ **I will respect all leaders and follow their directions**
- ◆ **I will respect others with my words and actions**
- ◆ **I will be appropriate in my dress and language**
- ◆ **I understand that if I possess any illegal substances by parents will be notified**
- ◆ **I am responsible for any property damage I cause**

I will follow the above guidelines. The consequences are at the Youth leaders discretion, ranging from a warning to being sent home at my family's expense. I have read and understand the consequences if I choose not to follow the rules.

Student's Signature: _____ Date: _____

I have read and understand all of the guidelines, safety procedures, and the potential consequences for my student.

Parent/Guardian Signature _____ Date: _____

Medical Release

I (we) the undersigned parent(s)/guardian(s) of _____ a minor, give permission for our minor to participate in all official functions during trips in the United States, and we do hereby authorize the staff and/or volunteer(s) of Stockton Covenant Church as agent(s) for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act or, the medical staff of any accredited hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician in the exercise of his/her best judgement may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

Also, the undersigned agree to release Stockton Covenant Church, its staff and volunteer leaders from responsibility and liability giving consent for their minor to participate in the outings, activities, and programs of the Stockton Covenant Church.

I hereby request that Stockton Covenant Church staff, leaders, supervisors, and volunteers carry out any discipline as outlined in the Stockton Covenant Youth Ministry Department Behavior Guidelines if necessary, and if so needed, I, the undersigned, agree to pay the expenses of my student being sent home due to disciplinary actions.

The authorization shall remain effective until revoked in writing delivered to said agent(s):

Signed: _____ Date: _____

Publicity Release

I authorize Stockton Covenant Church to include my student's name & photo in Youth Group related publications and promotions.

Parent/Guardian Signature: _____ Date: _____