

# NCC Jr High Group Medical Release & Permission Form

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_  
Last First Middle

Grade: \_\_\_\_\_  Male  Female Email: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

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

Mother's Name: \_\_\_\_\_ Phone: (Home) (\_\_\_\_) \_\_\_\_\_ (Cell) (\_\_\_\_) \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: (Home) (\_\_\_\_) \_\_\_\_\_ (Cell) (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: (Home) (\_\_\_\_) \_\_\_\_\_ (Cell) (\_\_\_\_) \_\_\_\_\_

## 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. Please 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. Does your child have allergies to:

- pollens  medications  foods  insect bites  other (write below)

2. 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

3. Date of last tetanus shot: \_\_\_\_\_

4. Does your child wear:

- glasses  contact lenses  neither

5. 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:

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When signing below, you agree to conform to these *rules of conduct* or be excluded from activities:

No possession (or use) of alcohol, drugs, tobacco, or any offensive or inappropriate material

No students can drive to events without 24-hour pre-approved permission

No fighting, weapons, knives, fireworks, lighters, or explosives

No offensive or immodest clothing—if you aren't sure, ask someone

Participation with the group is required at all scheduled events

Respect property—anything you break, you pay for

Respect one another, staff, and adult leaders

Respect and comply with event schedules and rules set by event leaders

Refrain from cell phone use when instructed

**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: \_\_\_/\_\_\_/\_\_\_

Activities may include, but are not limited to the following: cookouts, swimming, laser tag, football, basketball, various games, soccer, volleyball, softball, baseball, camping, snowboarding, hiking, golfing, miniature golf, Bible studies (on or off campus), summer camps, mission trips (domestic or international), other travel, and all Retreats.

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

\_\_\_\_\_ has my permission to participate in youth group activities.  
Name of Student

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Northside Christian 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 Northside Christian Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Northside Christian Church, its ministers, adults, 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 Northside Christian Church, I/we agree to hold Northside Christian Church free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that I/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 or if I/we do not carry any health insurance. Further, I/we affirm that the health insurance information provided above, if applicable, 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 youth minister, volunteers, or staff members.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Sign Here