

**MEDICAL RELEASE AND PERMISSION FORM**—Effective dates July 1, 2017 to June 30, 2018

**Please print in ink**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
Last First Middle

Year in School \_\_\_\_\_ Male Female Email \_\_\_\_\_

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

Phone \_\_\_\_\_ Pager/Cell \_\_\_\_\_

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

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Work \_\_\_\_\_

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

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

**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. 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

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:

For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- 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, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in Omaha YFC/Campus Life 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: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Omaha Youth for Christ/Campus Life staff prior to that event.

\_\_\_\_\_ (Name of Student) has my permission to attend all youth activities sponsored by Omaha Youth for Christ/Campus Life (hereinafter "Omaha YFC/Campus Life") from July 1, 2017 to June 30, 2018.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Omaha YFC/Campus Life 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 Omaha YFC/Campus Life. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Omaha YFC/Campus Life, its directors, 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 Omaha YFC/Campus Life, 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 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 Omaha YFC/Campus Life staff member.

Lastly, I/We hereby consent to the use of any videotapes, photographs, or any other visual or audio reproduction in which my student may appear by YFC/Campus Life. I understand that these materials are being used for promotion of the youth ministry of Youth for Christ, which includes recruitment and fund raising efforts. I/We release Youth for Christ from any liability connected with the use of these materials as part of any promotional, recruitment, or fund raising program.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_