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**New Life Christian Church Medical Info and Release Agreement**

**Effective dates: July 6, 2018 to July 21, 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 Phone: Home Work

Father’s name Phone: Home Work

Emergency contact Phone: Home 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 you/the volunteer are 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 participant.** If necessary, add another page with details:

1. For your safety and our knowledge, are you/the participant a⎯

 good swimmer  fair swimmer  non-swimmer

2. Do you/the participant have allergies to⎯

 pollens  medications  food  insect bites

3. Do you/the participant suffer from, or have ever experienced, or are 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. Do you/the participant wear  glasses  contact lenses

6. Please list and explain any major illnesses you/the participant have experienced during the last year:

Additional comments:

Should your/the participant’s activities be restricted for any reason? Please explain:

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

No possession or use of alcohol or drugs

No students can drive

No fighting, weapons, fireworks, lighters, or explosives

No boys in girls’ sleeping quarters and no girls in boys’ sleeping quarters

Participation with the group is expected

Modest dress required – no short shorts, low cut tops or bikinis.

Respect property

Respect one another, staff, and adult leaders

Respect and comply with event schedules

**Participants who fail to comply with these expectations may be sent home at their parents’ expense.**

I, the participant, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth mission trip activities. I agree to abide by the stated personal limitations and code of conduct.

**Participant’s signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Activities may include, but are not limited to: cookouts, swimming, basketball, games in the park, soccer, rafting, hiking, biking, Bible studies, miniature golf, construction work requiring the use of power tools and/or hand tools, and more. *Note: If you desire to limit your child’s participation in any event, please submit your wishes in writing to the trip leaders prior to that event.*

has my permission to attend all mission trip activities

**NAME OF PARTICIPANT**

sponsored by New Life Christian church (hereinafter the “Church”) from **July 7, 2018 to July 14, 2018.**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named participant.

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. 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 the student ministries staff member.

**Parent/guardian signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_