

AMPED

Youth Group Medical Release &
Permission Form

A Ministry Preparing Extreme Disciples

10654 Justin Drive, Urbandale, IA 50322

PLEASE COMPLETE BOTH SIDES IN INK

Effective Date: Academic Year _____

Name: _____ Age _____ Birthday _____

Last

First

Middle

Year in school _____ Gender _____ Email _____

Address _____ Phone Home _____

City _____ State _____ Zip _____ Phone Cell _____

Medical Insurance Company _____ Policy # _____

Parent/Guardian _____ Phone Home _____

Address _____ Phone Work _____

City _____ State _____ Zip _____ Phone Cell _____

Emergency Contact _____ Phone Home _____

(other than parent/guardian)

Phone Cell _____

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:

For your child's safety and our knowledge, is your student a:

___ good swimmer ___ fair swimmer ___ non-swimmer

Does your child have allergies to:

___ pollen ___ medications ___ food ___ insect bites

If yes, please provide info: _____

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

Date of last tetanus shot: _____

Does your child wear ___ glasses ___ contact lenses

Please list and explain any major illnesses the child experienced during the last year:

Should your child's activities be restricted? 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 students can drive

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 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: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, 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 church youth pastor prior to that event.

(Name of Student) _____ has my permission to attend all youth activities by Greater Life Community Church (hereinafter the "Church") from: _____

Jan to Dec calendar year

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 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. 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/owe child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff members.

Parent/Guardian signature _____ Date: _____