



Crossfire Student Ministries \* Oak Hill Baptist Church \* 905 13<sup>th</sup> St. SW Humboldt, IA 50548 \* 515-332-1058 \*

[www.oakhillhumboldt.org](http://www.oakhillhumboldt.org)

## Annual Medical Release & Permission Form

Effective Dates:   9/1/2011   to   8/31/2012  

**Please print in ink and attach a photo copy of the student's medical insurance card (front & back)**

Student's Name: \_\_\_\_\_ Grade \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Last) (First) (M.I.)

Male  Female Current Church Affiliation: \_\_\_\_\_

Student's email: \_\_\_\_\_ Student's Phone: \_\_\_\_\_

Student's primary Address: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

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

Are there any illnesses, propensity, weakness, limitations, handicaps, disabilities, or conditions 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 the names of medications and dosages that must be taken if applicable.

**Check the follow areas of concern for this student.** If necessary, add another page with details:

1. For your child's safety/our knowledge is your child a Good Swimmer Fair Swimmer N-swimmer  
(circle one)

2. Does your child have any allergies (i.e. pollen, medications, food, insect bites, etc.) Yes No  
(circle one)

3. Does your child suffer from or has he/she ever experienced, or is he/she being treated for:

Asthma Epilepsy/Seizure Disorder Heart Trouble Diabetes  
(circle one)

4. Dates of last Tetanus Shot \_\_\_\_\_

5. Does your child wear: Glasses Contact Lenses None  
(circle one)

6. Please list any major illnesses the child experienced during the last year:

7. Should your child's activities be restricted for any reason? Please explain. Attach another sheet if needed



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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 to events or other children
- 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 of others and the church
- Respect one another, staff, and adult leaders

**Students who fail to comply with these expectations may be sent home at their parent's 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's Name (Printed): \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, games in the park, soccer, broom-ball, ice-skating, volleyball, softball, baseball, camping, skiing, snowboarding, hiking, concerts, Bible Studies, miniature golf, hayrides, student conferences, rock climbing, lock-ins, mission trips, service projects, small group trips, sleep-overs, and more. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to Oakhill Baptist Church prior to that event.

\_\_\_\_\_ has my permission to attend all youth activities sponsored by Oakhill Baptist Church Crossfire Student Ministries from 9/1/2011 through 8/31/2012

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Oakhill Baptist Church and Crossfire Student Ministries and its staff from any liability against personal losses of named child. 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 Oakhill Baptist 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 Oakhill Baptist 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's name (Printed): \_\_\_\_\_

Parent/guardian's signature: \_\_\_\_\_ Date \_\_\_\_\_