

Cedar Crest Youth Group
Medical Release & Permission Form for 2008 - 2009

Name: _____ Grade: _____ Birth Date: ___/___/___
Street: _____ City: _____
State: _____ Zip: _____ - _____ Phone :(_____) _____
Family Doctor: _____ Phone :(_____) _____
Medical Insurance Co.: _____
Plan/Policy #: _____ In whose name: _____
Father's Cell :(_____) _____ Mother's Cell :(_____) _____
Emergency contact _____ Phone :(_____) _____

I, _____, parent/guardian request that my child, _____,
be allowed to participate in the Cedar Crest Bible Fellowship Church Youth Ministry Program.
This permission slip will be kept on file for all Youth Ministry events for September 1, 2007 -
August 31, 2008.

I further give my permission for my child to ride in any vehicle designated by the adult in whose
care my child has been entrusted while participating in the above activities.

In consideration of permitting my child to attend and/or participate, I do hereby, for myself and
my child waive and release any and all claims that I might have against the Church, its youth
ministry, the minister of youth, the ministry's officers, and any parties volunteering on behalf of the
Church or its youth ministry from all actions, claims, damages, costs, expenses, or damages of any
kind growing out of or related to the Activities.

I acknowledge that this is a full and complete release for all injuries and damages which the above
student may sustain as a result of participating in the Activities.

I authorize the treatment of the student by a qualified and licensed medical doctor in the event of a
medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause
disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating
in the activity, including transportation to and from the site. This authority is granted only after a
reasonable attempt has been made to contact me, the parent/guardian.

Signature of Parent/Guardian _____ **Date** _____

YOUTH RULES/RESPONSIBILITIES

1. *I will respect the right of each person to come and have fun.*
2. *I will conduct myself in a responsible manner.*
3. *I will be drug free (this includes alcohol and tobacco).*
4. *I will respect and cooperate with all adults present.*
5. *I will remain in the youth room or other chosen facility until the event is over.*
6. *I will be responsible for any guest I bring and will inform him/her of the Youth Ministry rules.*
7. *I will be responsible for my own belongings (camera, clothing, etc.)*
8. *I will help clean up at the designated time.*

FAILURE TO COMPLY WITH THESE RULES MEANS IMMEDIATE DISMISSAL FROM THE YOUTH MINISTRY FUNCTION AT THE EXPENSE OF THE PARENTS/GUARDIANS. THE STUDENT WILL NOT BE PERMITTED TO RETURN UNTIL THE MATTER HAS BEEN RESOLVED WITH THE DIRECTOR OF YOUTH MINISTRY, THE STUDENT AND THE PARENTS/GUARDIANS.

I agree to comply with all the above rules and regulations:

Signature of Student _____ **Date** _____

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

Additional comments: