



## Youth Medical Release Form

Evangel Community Church  
900 W Memorial Rd.  
Houghton, MI 49931

Student(s) Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_ Gender (M/F): \_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone:(\_\_\_\_) \_\_\_\_\_ Work Phone:(\_\_\_\_) \_\_\_\_\_

Secondary contact to notify in event of emergency: \_\_\_\_\_

Their relationship to the student: \_\_\_\_\_

Their phone:(\_\_\_\_) \_\_\_\_\_

Please supply ALL of the following information. Attach a copy of your insurance card.

Medical Insurance Co.: \_\_\_\_\_ Group# \_\_\_\_\_

Policy#: \_\_\_\_\_ Company's address: \_\_\_\_\_

Company's Phone:(\_\_\_\_) \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Family Physician's Name: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions (Allergic to certain meds, rare blood type, wears contact lenses, require a EpiPen, etc.):

List ALL medication taken on a regular basis and/or any you might bring with you to a Youth activity (Prescription meds MUST have a pharmacy label and name of doctor):

Please check over the counter medication that may be given to my student if they ask a leader:

\_\_\_\_\_ Aspirin  
\_\_\_\_\_ Tylenol  
\_\_\_\_\_ Ibuprofen  
\_\_\_\_\_ Benadril

List all operations/serious injuries and dates within the past five (5) years:

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed/scheduled Evangel youth activities except as noted in writing above. If this information changes or I wish to change my consent, I will inform the church staff in writing. I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Initials \_\_\_\_\_

**Emergency Authorization** - I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to my student as named above.

Initials \_\_\_\_\_

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity including the recouping the cost of lost, stolen, or damaged personal property.

Initials \_\_\_\_\_

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

Initials \_\_\_\_\_

I affirm that I have legal custody of the student named above and that the health information/insurance is accurate at this date and will still be in force for the student named above during the above mentioned youth activity years. I agree to bring my child home at my own expense should they become ill or if deemed necessary by the student ministries representative in charge.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Liability Release Statement

I, the undersigned, being the parent or legal guardian of the youth named above, do hereby consent to the participation of my youth in all the scheduled youth activities of Evangel Baptist Church, and any other supervised activities customarily associated with its youth group, including youth rallies and overnight, summer activity trips or weekend youth trips unless noted below in writing. This includes consenting for my youth to be transported to and from church sponsored activities by church, rental or private vehicle. Further, I certify that my youth is physically fit and adequately prepared to participate in all recreational and sporting events. If I wish to revoke this consent for any reason, I will promptly notify the youth leader in writing.

Initials \_\_\_\_\_

**Note to Parent:** If giving consent for one activity only, or if this consent is otherwise restricted, please specify:

---

---

## Rules of Conduct

Students who attend youth activities are expected to conform to conduct that reflects the mission of Evangel Baptist Church. This includes but is not limited to:

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No offensive language or use of the Lord's name in vain
- 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

Failure to comply with these expectations may result in the student being sent home at parents' expense.

I, the student, have read the rules of conduct and reviewed the above evaluation of my health. I agree to participate in the youth group activities and will abide by the stated personal limitations and code of conduct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_