

Child Information
(ONE PER CHILD)

Name: _____ Age: _____ Birthday: _____
 Last First Middle

Year in School: _____ Male: _____ Female: _____

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 of details:

1. For your student's safety and our knowledge, is your student :

___ good swimmer ___ fair swimmer ___ non-swimmer

2. Does your student have allergies to:

___ pollens ___ medications ___ food ___ insect bites

If YES, please explain IN DETAIL below with specific allergies

3. Does your child suffer from, or ever experienced, or is being currently treated for any of the following:

___ asthma ___ epilepsy/seizure disorder ___ heart trouble ___ diabetes
___ frequently upset stomach ___ physical handicap ___ other (please expand on other conditions in comments)

4. Date of last tetanus shot? _____

5. Does your student wear any of the following:

___ glasses ___ contact lenses ___ hearing aid

6. Please list and explain any major illnesses the student experienced during the past year that we should be aware of:

7. Should this child's activity be restricted for any reason? Explain:

For your information, we expect each student to confirm to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No possession of sexually explicit material
- No searching or downloading sexually explicit material No use of cell phones except at designated times
- No fighting, weapons, fireworks, lighters, or explosives No offensive or vulgar language
- 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 each other
- Respect 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 and 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 signature: _____ Date: _____

Activities may include, but are not limited to, the following: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, snowboarding, hiking, concerts, Bible studies, miniature golf, hayrides, lock-in's, retreats, mission trips in state, mission trips out of state, movie nights, games nights, church camps. ***Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth minister prior to that event.***

_____ has my permission to attend all
Name of Student

youth activities sponsored by Washington Street Church of Christ (in after known as the "Church") from 2/01/2020 to 2/01/2021.

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 ministers, 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 youth minister. The undersigned does also hereby give permission for our/my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by the Church.

Parent/Guardian signature: _____ Date: _____

Permission for Over the Counter Drugs by the Designated Nurse

- Advil
- Tylenol
- Aspirin
- Cough Medicine
- Benadryl
- Claritin
- Hydrocortisone Cream
- Pepto-Bismol
- Tums

Parent/Guardian signature: _____ Date: _____