

# STUDENT + MEDICAL INFO

student ministry department | [www.hccteens.com](http://www.hccteens.com)



Effective dates: **September 1, 2011 to August 31, 2012**

**\*\*\*Please print in ink\*\*\***

## STUDENT INFORMATION

LAST NAME		FIRST NAME	MIDDLE NAME	DATE OF BIRTH
MALE <i>circle one</i>	FEMALE	GRADE	SCHOOL	
ADDRESS		CITY	STATE	ZIPCODE
HOME PHONE		STUDENT CELL PHONE	STUDENT EMAIL	

## PARENT INFORMATION

MOTHER'S NAME	HOME PHONE	CELL PHONE
FATHER'S NAME	HOME PHONE	CELL PHONE
EMERGENCY CONTACT (OTHER THAN PARENTS)	HOME PHONE	CELL 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.

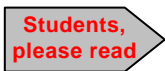
**Check the following areas of concern for this student.** If necessary, add another page with details:

- For your child's safety and our knowledge, is your student a—  
 good swimmer       fair swimmer       non-swimmer
- Does your child have allergies to—  
 pollens       medications       food       insect bites
- 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:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

For your information, we expect each student to conform to these rules of conduct during sponsored outings:



- No possession or use of alcohol, drugs, or tobacco
- No students can drive church sponsored vehicles
- 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
- Personal cell phone use will be prohibited during some events

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, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, laser tag, concerts, Bible studies, golfing, miniature golf, caving, paintball, and hayrides. *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 youth activities

NAME OF STUDENT

with the Heath Church of Christ.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Heath Church of Christ 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 Heath Church of Christ. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Heath Church of Christ, 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 Heath Church of Christ, 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 signature: \_\_\_\_\_ Date: \_\_\_\_\_