

EFFECTIVE DATES: _____ to _____ (Timeframe or One Calendar Year)

[Please print]

Student Name: _____ Age _____ Birthday _____
LAST FIRST MIDDLE

Grade _____ Male Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____

Parent/Guardian Name: _____ Phone: _____

Parent/Guardian Name: _____ Phone: _____

Emergency contact (if not the above) _____ Phone: _____

Medical Info

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. Please include this info below or attach to this document.

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
 - frequently upset stomach physical disability diabetes
4. Does your child wear:
 - glasses contact lenses
5. Does your child currently taking any prescribed medications? Please list names of medications and dosage (for our knowledge in case of a medical emergency)

Additional comments?:

Should this child’s activities be restricted for any reason? _____
 Please explain below:

Medical Release & Permission Form

I, the student, have read the above evaluation of my health; I agree to abide by the stated personal limitations, if any.

Student signature: _____ **Date:** _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, Bowling, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, overnight trips or events. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to Northpark Church prior to that event.*

_____ has my permission to attend all youth activities
NAME OF STUDENT

sponsored by _____
NORTHPARK CHURCH
NAME OF ORGANIZATION

from _____ to _____ (Specific timeframe or One Calendar Year).
DATE DATE

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 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 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 Church staff/trip leaders.

Parent/Guardian signature: _____ **Date:** _____