

# IMPACT | 417 student ministry

## Medical Form

Effective dates: \_\_\_\_\_ to December 31, 2010

Please print in ink

Name: \_\_\_\_\_ Age \_\_\_\_\_  
Birth date \_\_\_\_\_

T-shirt size (circle one) S M L XL XXL

Grade in school \_\_\_\_\_ Gender: M / F  
Email \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Zip \_\_\_\_\_

Home Phone \_\_\_\_\_  
Cell Phone \_\_\_\_\_

Medical insurance company \_\_\_\_\_  
Policy # \_\_\_\_\_

### Guardian Info: (if under 18)

Mother's Name \_\_\_\_\_  
Phone: Home \_\_\_\_\_  
Work \_\_\_\_\_

Father's Name \_\_\_\_\_  
Phone: Home \_\_\_\_\_  
Work \_\_\_\_\_

Spouse's name (if applicable) \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

(REQUIRED regardless of age)

Emergency contact \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Physician \_\_\_\_\_  
Office phone \_\_\_\_\_

Dentist \_\_\_\_\_  
Office phone \_\_\_\_\_

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.

x **Initial to signify that the above info is correct (under 18 requires parent initial)**

### Check the following areas of concern for this person.

If necessary, add another page with details:

- Does person have allergies to:  
pollens medications food insect bites
- Does person suffer from, or have you ever experienced any of the following:  
asthma epilepsy / seizure disorder heart trouble  
diabetes frequently upset stomach physical handicap
- Date of last tetanus shot \_\_\_\_\_

4. Does person wear glasses or contact lenses?

5. Please list and explain any major illnesses person has experienced during the last year:

- Should this persons activities be limited for any reason?  
Please explain:

## Consent Form

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 the above named person.

I the undersigned have legal custody of the person named above, (if) a minor, and have given consent for him/her to participate in events with Marshfield Assembly of God. I understand that there are inherent risks involved in any ministry or athletic event, and I release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for injury, loss, or damage to person or property that may occur during the course of my child's involvement. I also acknowledge that photographs may be taken of my student at such events and may be used for promotional purposes including, but not limited to, fliers, banners, and the church website. In the event that I/he/she is injured I consent to 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 agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I 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 affirm that the health insurance information previously provided, and on file is accurate at this date and will, to the best of my knowledge, still be in force for myself/ student named above. I also agree to travel home/bring my child home at my own expense should I/they become ill, or if deemed necessary by the Churches staff.

X **Initial that you have read and accept the Preceding Consent statement**

### Conduct

- No students may drive to or during youth trips.
- No student is allowed to go off by himself or herself.
- Possession of Tobacco, Alcohol, Illegal Drugs, Firearms, or Pornography will result in immediate dismissal from the event, which will require the student to be picked up from the event IMMEDIATELY by Parents.
- No electronics will be permitted on Youth Trips. Cell Phones will be allowed, but are to be used only at appropriate times!
- Medicines- Students are required to make staff aware of any prescription medications they may be taking.
- We reserve the right to inspect the bags and rooms of all students.
- Members of the opposite sex are prohibited from visiting or entering each other's rooms.
- Proper modest attire must be worn at all times.
- All students are required to participate.
- Marshfield Assembly of God and Youth Staff may photograph students during events and use photos from promotional purposes.
- Marshfield Assembly of God will not be responsible for incidental charges/ damages to hotel rooms, or for personal property damaged or stolen while participating in youth activities.

Parent / Guardian Signature

Date