

Effective Dates: August 31, 2018 to August 31, 2019

**First Baptist Church Kannapolis, NC  
Medical Release & Permission Form**

**Please print in ink the following information about your student:**

Name \_\_\_\_\_ Birthday \_\_\_/\_\_\_/\_\_\_ T-shirt size \_\_\_\_\_  
Last First Middle

Year in School \_\_\_\_\_  Male  Female Best E-mail \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Student's Home Phone # \_\_\_\_\_ Student's Cell # \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_  
(Please attach a copy of the insurance card)

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

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

Emergency Contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_  
(This person should be someone not already listed above. Please name the relationship to the student)

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office 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 or protection is required on account thereof. Submit this notification in writing and attach to this form. Include name and dosage(s) of medication(s) that must be taken.

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

1. For your student's safety and our knowledge, is he or she a:

Good swimmer  Fair swimmer  Non-swimmer

2. Please check if your student has allergies to any of the following items (please specify each item checked):

Medication(s) \_\_\_\_\_  Food(s) \_\_\_\_\_  Insect bites \_\_\_\_\_  Other \_\_\_\_\_

3. Does your student suffer from, or has he/she ever experienced or been treated for any of the following:

Asthma  Frequently upset stomach  Epilepsy/seizure disorder  Heart trouble  Diabetes

Physical handicap  Other (please specify) \_\_\_\_\_

4. Is your student currently taking any prescription medication(s)?  Yes  No

If "yes," then please write the name(s) below & check a box to the right.

\_\_\_\_\_ He/she is responsible for keeping the medication and self-dosing   
\_\_\_\_\_ A youth leader is responsible for keeping/dispensing the medication

\*Please list any "other" medication a youth leader could give your student (e.g. Tylenol, Ibuprofen, Benadryl, Tums, Claritin, etc.)

Name(s) of medication(s): \_\_\_\_\_ Check here if you require to be notified prior to it being dispensed

5. Date of last tetanus shot \_\_\_\_\_ 6. Does your student wear glasses/contacts? \_\_\_\_\_

7. Please list & explain any major illness your student has experienced during the past year on a separate page.

**Expectations:**

- Respect God, property, one another, staff, and all adult leaders (*I Timothy 4:12b; Hebrews 13:17*).
- Comply with event schedules—participation with the group is expected (*Hebrews 10:25*).
- Use *or* possession of alcohol, drugs (for which the student has not received a prescription by a licensed physician), or tobacco products of *any* kind is not allowed (*I Corinthians 6:19-20; I Peter 2:13*).
- Acts of physical violence, weapons, fireworks, lighters, or explosives of *any* kind are not allowed (*Proverbs 20:3; Matthew 5:9*).
- Use appropriate language only (*Ephesians 4:29; I Timothy 4:12b; James 3:7-10*).
- All items of clothing worn while participating in any youth activity on or off the church campus are expected to be respectful of both yourself and others. (*Philippians 2:3-5*).
- Public displays of affection are not allowed (*Proverbs 25:28; I Timothy 4:12b; Ecclesiastes 3:5b*).

*Students who fail to comply with these expectations will receive the following consequences at the Youth Minister's discretion:*

- 1. Verbal Warning      2. Loss of free time      3. A random chore that a leader comes up with 😊**  
**4. Phone call to parents      5. Sent home at parents' expense!**

I, the student, have read the rules of conduct, the evaluation of my health, and permission to participate in youth group activities (listed below). I agree to abide by the stated behavioral expectations (listed above).

**Student Signature** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Activities include but are not limited to: cookouts, sledding, swimming, sports, riding on the church bus or officially approved volunteer vehicles, outdoor games, bowling, camping, hiking, concerts, Bible studies, and retreats (in and out of town). **Note: If you wish to limit your child's participation in any event, please submit your wishes to the Youth Minister in writing prior to the event.**

\_\_\_\_\_ has my permission to participate in all youth  
Name of Student

activities sponsored by **First Baptist Church, Kannapolis, NC.**

**First Baptist Student Ministries has a presence on our church website, Facebook, Twitter, & Instagram. We use photos and videos on these social media platforms to connect with our students. Please advise the Youth Minister in writing if you do not wish for your child's image to be used on any of these platforms.**

*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. By signing below, agreement with the expectations and consequences listed above is also affirmed.*

**Parent/legal guardian Signature** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Notary Signature** \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ My Commission Expires \_\_\_\_/\_\_\_\_/\_\_\_\_

