

Effective Dates: August 31, 2020 to August 31, 2021

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

Please print in ink the following information about your child:

Name _____ Birthday ___/___/___ T-shirt size _____
Last First Middle

Year in School _____ Male Female Best E-mail _____

Address _____ City _____ State _____ ZIP _____

Child's Home Phone # _____ Child's Cell # (if applicable) _____

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 child's safety and our knowledge, is he or she a:

Good swimmer Fair swimmer Non-swimmer

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

Medication(s) _____ Food(s) _____ Insect bites _____ Other _____

3. Does your child 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 child 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 ministry 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 child 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 church 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*).

Children who fail to comply with these expectations will receive the following consequences at the Children’s 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 child, have read the rules of conduct, the evaluation of my health, and permission to participate in children’s ministry activities (listed below). I agree to follow the stated behavioral expectations (listed above).

Child 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 way, please submit your wishes to the Children’s Minister in writing, in advance.**

_____ has my permission to participate in all Children’s
Name of Child

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

First Baptist Children’s Ministries has a presence on our church website and on Facebook. We use photos and videos on these social media platforms to connect with our families. Please advise the Children’s Minister in writing if you do not wish for your child’s image to be used on 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 ____/____/____

