

SW Students Medical Release & Permission Form

Minor Participant Info

Name(First, Middle, Last): _____
Birthday: _____ / _____ / _____ Male Female
Address: _____
City: _____ State: _____ Zip: _____
Home Phone: (_____) - _____ - _____
Student Email: _____
Student Cell (_____) - _____ - _____
School Name: _____ Grade: _____

Does the student have Instagram? Yes No (Follow us! @sw_studentmin)

Parent/Guardian Info

Name: _____
Legal Relationship: Father Mother Legal Guardian
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Home (_____) - _____ - _____
Cell (_____) - _____ - _____
Work (_____) - _____ - _____

Name: _____
Legal Relationship: Father Mother Legal Guardian
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Home (_____) - _____ - _____
Cell (_____) - _____ - _____
Work (_____) - _____ - _____

Student lives with: Both parents Mother only Father only Shared custody
Other: _____

ALTERNATE EMERGENCY CONTACT

Name: _____ Relationship: _____
Email: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: Home (_____) - _____ - _____
Cell (_____) - _____ - _____
Work (_____) - _____ - _____

HEALTH AND INSURANCE AND HEALTH HISTORY

Medical insurance carrier: _____

Policy#: _____ Group#: _____

Carrier _____

address: _____

Name of insured person: _____

Date of birth of insured person: _____

Insured person's place of employment: _____

Name of family physician: _____

Phone: (_____) - _____ - _____

Name of dentist/orthodontist: _____

Phone: (_____) - _____ - _____

HEALTH HISTORY CHECK GIVE APPROXIMATE DATES

Conditions:

- | | | |
|--|--------------------------------------|---|
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bleeding Disorders |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Asthma | <input type="checkbox"/> Mononucleosis |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Down syndrome |
| <input type="checkbox"/> Tourette's syndrome | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles |

Allergies:

- Hay Fever Penicillin Ivy Poisoning, etc. Insect Stings
- Food (specify) _____
- Drugs (specify) _____
- Other _____

Chronic/recurring illness/medical conditions including mental illness: (depression, anxiety, etc.)

Dietary restrictions:

Current medications: (List both prescription, OTC & herbal)

Medication name: _____

Dosage: _____

Purpose: _____

Medication name: _____

Dosage: _____

Purpose: _____

Any other information you feel the leaders should know in advance about you:

Blood type: _____ Are all immunizations current? Yes No

Parent(s)/guardian signature: _____

Date: _____

Student's signature: _____

Date: _____

WAIVER, RELEASE, AND ASSUMPTION OF THE RISK

I (We) acknowledge that my child's participation in Southwest Christian Church activities is voluntary and may require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions and meetings, and other activities in the Permission Slip and Acknowledgment of Expectations. I (We) acknowledge that my child's participation in any Southwest Christian Church youth activity presents risks that I or my child may suffer including, but not limited to, damage to personal property, financial damage, emotional injury, illness, bodily injury, or death. I (we) hereby assume those risks. And, in consideration of my child's being allowed to participate in the Southwest Christian Church youth program activities, I (we) agree and take the following actions for me and my child: I (we) waive, release, and discharge Southwest Christian Church, its pastors, directors, officers, members, employees, volunteers, representatives, subcontractors, and agents from any and all claims for: (A) Financial losses, including (but not limited to) insurance deductibles and medical expenses, that we as parents or guardians must pay as a result of injury or illness arising out of activities sponsored by Southwest Christian Church; (B) Damage, destruction, loss or theft of personal belongings of the minor participant or parents of the same; and (C) Any claims or liabilities that I (we) may assert as parents for loss of consortium, death or personal injury, which arise out of or relate to my child's participation in Southwest Christian Church's youth activities; and, to the extent allowable by law, all similar or identical claims that my child may assert. Notwithstanding any of the foregoing, Southwest Christian Church is not released from any claims or liabilities that are caused solely by Southwest Christian Church. I (we) agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released, or discharged herein. I (we) indemnify and hold harmless the person or entities

mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any inaccuracy on the Basic Information form, the Health Insurance and Health History form, or the insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver, Release, and Assumption of the Risk form, the Medical Treatment Authorization form, or the Permission Slip and Acknowledgment of Expectations form. I hereby execute this document for and on behalf of the minor named herein.

Parent(s)/guardian signature _____ Date _____
Parent(s)/guardian signature _____ Date _____
Student's signature _____ Date _____

PERMISSION SLIP AND ACKNOWLEDGMENT OF EXPECTATIONS

From January 1, 2023 to December 31, 2023, my child has permission to attend all church sponsored youth activities as listed in calendars and/or Southwest Christian Church News, including but not limited to the following: cook-outs, boating, water-skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, paintball, broomball, ice-skating, volleyball, softball, baseball, camping, downhill skiing, snow-boarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides.

I acknowledge these rules of conduct expected from each participant and parent:

- Respect one another, staff, and adult leaders
- Respect property
- No lighters permitted
- No fighting, weapons, fireworks, explosives
- No students permitted to drive for events
- Participation with the group expected
- No offensive or immodest clothing
- No alcohol, drugs, tobacco
- No boys in girls' sleeping quarters & visa versa
- Respect and comply with event schedules

I and my child acknowledge that misconduct may result in transportation home from an activity at the parent's expense. A student dismissed for a disciplinary reason will not receive a refund of ANY activity fee. My child and I agree to follow the instruction of the pastor, leader, or volunteer who has been delegated leadership authority. I understand and authorize that my child's image may be photographed or filmed and used in Southwest Christian Church video presentations, printed publications, Website and photo directories.

Parent(s)/guardian signature _____ Date _____
Parent(s)/guardian signature _____ Date _____
Student's signature _____ Date _____