



# Medical Release and Permission Form

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Effective dates: September 1, 2011 to August 31, 2012

**Please print in ink**

Name: \_\_\_\_\_

LAST

FIRST

MIDDLE

Birthday: \_\_\_\_\_  Male  Female School: \_\_\_\_\_ Grade: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

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

Mother's name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell: \_\_\_\_\_

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

## Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, disability, or condition to which your child is subject and of which youth ministry staff or volunteers should be aware, and what, if any action of protection is required on account thereof.

**Check the following areas of concern.** If necessary, add another page with details:

1. Is your youth a —  
 good swimmer       fair swimmer       non-swimmer
2. Does your child have allergies to: (if yes, please list any specific details) —  
 pollens       medications       food       insect bites
3. Is your child currently being treated for, or have they ever experienced, any of the following:  
 asthma       epilepsy / seizure disorder       heart trouble       diabetes  
 frequently upset stomach       physical handicap
4. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

\_\_\_\_\_ (NAME OF YOUTH) has my permission to participate in all activities sponsored by **Chesapeake Church / Peake Youth** (hereinafter "Peake Youth") from **September 1, 2011** to **August 31, 2012**.

I also give my permission for my child to be transported in any church-owned vehicles, vehicles rented by the church for events or activities, or vehicles of adult volunteers of the church. This includes transportation after school to the Matt's Place program at Chesapeake Church.

I affirm that I have legal custody of the child named above. I understand there are inherent risks involved in any event/activity and hereby release and hold harmless Peake Youth (its employees, agents, and volunteer workers) from any and all liability for any personal injury, or loss or damage to personal property, that may occur during the course of my child's involvement. In the event that my child is injured or becomes ill and requires immediate medical attention, I consent to all reasonable medical treatment as deemed necessary by a licensed physician or hospital. In the event that such medical care is required, I hereby release and hold harmless Peake Youth (its employees, agents, and volunteer workers) from any and all liability or claims arising from or caused by the provision of medical care.

I also affirm that my child is covered by health insurance, and agree that I will be responsible for the cost of any medical care not reimbursed by my health insurance provider.

If my child is not covered by health insurance, I agree to pay for all medical care expenses personally.

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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