

Medical Release & Permission Form

All Events: Jan. 1, 2012 to Dec. 31, 2012

Full name _____ Age _____ Birth Date _____
Year in school _____ Male Female Email: _____
Address _____ City _____ State _____ Zip Code _____
Phone: home _____ Pager/cell _____
Medical Insurance Company: _____ Policy# _____
Mother's name: _____ Phone: _____ Work _____
Father's name: _____ Phone: _____ Work _____
Emergency Contact _____ Phone: _____ Work _____

We expect each student to honor these rules of conduct.

No possession or use of alcohol, drugs, or tobacco.	No offensive language or immodest clothing.
No fighting, weapons, fireworks, lighters, or explosives.	No boys in girls sleeping quarters or via versa.
Participation with the group is expected.	Respect one another, staff, and adult leaders.
Respect and comply with event schedules/rules.	No Students can drive.

I, the student, have read the rules of conduct and agree to abide by these rules.

Student's signature: _____ Date: _____

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

Allergies to: Medicines- Food- Insect bites- Pollen

Concerns/Limitations: Swimming Physical limitations Major illness/surgeries in the last year

Does your child have any history of/or currently being treated for:

asthma seizure disorder heart trouble diabetes other:

I/We the undersigned have legal custody of the student named above, a minor, and have given consent for him/her to attend events being organized by the Benson Baptist Church. I/We understand that there are inherent risk involved in any ministry or athletic event, and hereby release the Benson Baptist Church, it's pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to persons or property that may occur during the course of our/my child's involvement. In the event that he/she is injured and requires medical treatment I/We authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advise of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I/We alone shall be liable and agree(s) to pay all cost and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary to have a child return home due to medical reasons or otherwise (behavioral), the undersigned shall assume all transportation cost. I/We also hereby give permission for our child to ride in any vehicle driven by an adult (21 years or older) in whose care the minor has been entrusted while attending and participating in activities. *I/We also give Benson Baptist Church and Front Lines permission to use photos of our/my child for memoirs and promotion of Front Lines youth ministry or ABC/NE Youth Ministry (No photo will be used for profit.)

Parent/Legal guardian signature: _____ Date _____