

THRIVE Group Medical Release & Permission Form

Youth Name _____ Age ____ Birthdate ____/____/____
Last First Middle

Grade _____ Male Female Email _____

Address _____ City _____ State ____ Zip _____

Home Phone _____ Youth Cell Phone _____

Medical Insurance Company _____ Policy # _____

Mother's Name _____

Phone (Home) _____ (Work) _____ (Cell) _____

Father's Name _____

Phone (Home) _____ (Work) _____ (Cell) _____

Emergency Contact

Name (Not Parent) _____

Phone (Home) _____ (Work) _____ (Cell) _____

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

I give my permission for pictures/videos to be taken of my child at FBCNKC (THRIVE Student Ministry) functions that may be used and/or posted on the church website (or related) to promote youth activities.

Parent/Guardian Signature _____ Date ____/____/____

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 and volunteer staff should be aware and what, if any, action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Please include names of medications and dosages that must be taken.

Check the following areas if your child has had: (if necessary, add another page with details.)

- Asthma Bleeding Disorders Chicken Pox Diabetes Fainting Spells Frequent Colds
 Frequent Earaches Heart Trouble Measles Mumps Pneumonia Scarlet Fever
 Seizures Tonsillitis Whooping Cough Other _____

Immunizations, check if current

Diphtheria Basic Booster **Measles** Basic Booster

Mumps Basic Booster **Polio** Basic Booster

Rubella Basic Booster **Tetanus** Basic Booster Date of last Tetanus ____/____/____

Whooping Cough Basic Booster

Allergies, please describe

Food _____ Medications _____

Plants _____ Insects _____

Other _____

Any conditions requiring medication? Yes No

If yes, please describe

Any Physical Limitations? Yes No

If yes, please describe

Does your child wear?

Glasses Contact Lenses Other

Please list and explain any major illnesses your child experienced during last year

Activities may include, but are not limited to the following: cookouts, swimming, laser tag, football, basketball, roller skating, various games, soccer, softball, baseball, camping, snowboarding, hiking, golfing, miniature golf, hayrides, Bible studies, summer camps, paintball, spring camps, mission trips (domestic or international), other travel and various retreats.

Should your child's activities be restricted for any other reason? Please explain or please submit your wishes in writing to the church Youth Director prior to that event

This youth medical release and permission form gives permission to seek whatever medical attention is deemed necessary and releases the FBCNKC (THRIVE Student Ministry) and its staff of any liability against personal losses of named child. I/we the undersigned have legal custody of the student named above, a minor, and have given my/our consent for him/her to attend events being organized by FBCNKC (THRIVE Student Ministry), its ministers, adults, employees, agents and adult volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by FBCNKC (THRIVE Student Ministry), I/we agree to hold FBCNKC (THRIVE Student Ministry) free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider or if I/we do not carry any health insurance. Further, I/we affirm that the health insurance information provided above, if applicable, is accurate at this date and will, to the best of my/our knowledge, still be in force for the youth named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth minister, volunteers or staff members.

Parent/Guardian Signature _____ Date ____/____/____

Please submit a copy of the current health insurance policy/card and attach it to this form.

Subscribed and affirmed before me in the county of _____, State of Missouri, this _____ day of _____, 20__.

(Notary's official signature)

(Commission Expiration)