

Peace Lutheran Youth Ministries

300 Lincoln St Antigo WI 54409 715-623-2200 peaceantigo.org

Medical Release, Code of Conduct, and Parent Permission Form

(Please print in ink)

Effective Dates: September 1, 2021 to August 31, 2022 (Effective for one year)

Name _____ Age _____ Grade _____ Birthday _____

Home Phone _____ Youth Cell Phone _____

Address _____ City _____ State _____ Zip _____

Mother's name _____ Phone _____ Work _____

Father's name _____ Phone _____ Work _____

Parents' email _____

Insurance Company _____ Phone _____

Insurance Policy # _____ Group # _____ Co pay\$ _____

Emergency contact _____ Phone _____ Work _____

Physician _____ 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 of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

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

1. Does your child have allergies to ---

pollens _____ medications _____ food _____ insect bites _____ other _____

2. Date of last tetanus shot _____

3. Please list and explain any major illnesses the child experienced during the last year:

4. Are there any other conditions we should be aware of?

5. Should this student's activities be restricted for any reason? Please explain:

PLEASE CONTINUE ON BACK

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For your information, we expect each student to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No students can drive other students to youth group activities.
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property, one another, staff, and adult leaders
- Respect and comply with event schedules
- No misuse/abuse of God's Holy Name

Students who fail to comply with these expectations may be sent home at their parents' expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, go-carts, all night lock-ins, hiking, camping, concerts, Bible studies, golfing, miniature golf, hayrides, SERVANT EVENTS and transportation to and from events. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth staff prior to that event.*

_____ has my permission to attend all youth activities

NAME OF STUDENT

sponsored by **Peace Lutheran Church.**

(Hereinafter the "Church") from **September 1, 2021** to **August 31, 2022** (Effective for one year)

DATE

DATE

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Peace Lutheran Church and it 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 our consent for him/her to attend events being organized by Peace Lutheran Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its pastors, employees, agents, and 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 the Church, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that 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. Further, I/We affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student 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 student ministries staff member.

Parent/Guardian signature: _____ Date: _____