

North Fairfield Student Ministry

(6853 Gilmore Road, Hamilton, OH, 45011)
(513-868-0823)



Event Release For _____ (name of event)

(please print in ink)

Name: _____ Age: _____ Birthday: _____

Grade in School: _____ Male Female

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Medical Insurance Company: _____ Policy #: _____

Mother's Name: _____ Phone: (home) _____ (work) _____

Father's Name: _____ Phone (home) _____ (work) _____

Emergency Contact: _____ Relation: _____

Emergency Contact Phone: _____

Physician: _____ Phone: _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, 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.

Please answer the following questions:

Does your child have any allergies? Yes no (if so, to what: _____)

Does your child have any conditions that could hinder his ability to participate in any activities (i.e. asthma, epilepsy, heart trouble, diabetes, weak stomach, physical handicap)

Yes no

(if yes, what, and how is it treated: _____)

Is your child's tetanus up to date: yes no (date of last shot if known: _____)

For your information, we expect each student to conform to certain rules of conduct including, but not limited to, the following:

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No music containing expletives
- No offensive or immodest clothing (two piece bathing suits)
- No boys in girls' rooms and no girls in boys' rooms
- We expect participation in all activities
- Respect the property
- Respect one another, staff, and all leaders
- Respect and comply with the schedule (aka "Be on time")

Students who fail to comply 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 the youth group activity. I agree to abide by the stated personal limitation and the code of conduct.

Student Signature: _____ Date: _____

_____ (students name) has my permission to attend

_____ (name of event) sponsored by North Fairfield Baptist

Church from _____ (date/s of event).

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the North Fairfield Baptist Church 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 our consent for him/her to attend the above event organized by the 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.

Parent/guardian signature: _____ Date: _____

(please attach a copy of your insurance card to this document.)