

CrossFire Student Ministries

Medical Release and Permission Form

Student Information

Name: _____ Male / Female
Age: _____ Date of Birth: ____/____/____ Grade: _____
Address: _____ City: _____ St: _____ Zip: _____
Cell: (____) _____ - _____ Email: _____

Parent, Emergency and Physician Information

Father's Name: _____ Phone: _____
Mother's Name: _____ Phone: _____
Student's Physician: _____ Phone: _____
Medical Insurance: _____
Policy Number: _____

Medical History

As 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 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.

Does your child have any allergies: ____ Medication ____ Food ____ Other
If checked, please list allergies: _____

Please list any medications or equipment your child requires *i.e. epipen, inhaler, etc.*: _____

-If requested, my child may be given "Advil" in accordance with the directions printed on the label: *if yes please initial* _____

-If requested, my child may be given "Tylenol" in accordance with the directions printed on the label: *if yes please initial* _____

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

WE EXPECT ALL STUDENTS TO OBSERVE AND FOLLOW THESE RULES OF CONDUCT:

- No possession or use of alcohol, drugs, or tobacco.
- No students can drive.
- No fighting.
- No weapons, fireworks, lighters, or explosives.
- No offensive or immodest clothing.

WE DO EXPECT

- Full participation with the group.
- Respect to all property.
- Respect to one another, as well as the youth leaders.
- Respect and comply with event schedules.

STUDENTS WHO FAIL TO COMPLY WITH THESE EXPECTATIONS MAY BE SENT HOME AT THEIR PARENT'S EXPENSE.

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

Student Signature: _____ Date: ____/____/____

Activities

Activities may include, but are not limited to: amusement parks, cookouts, swimming, basketball, roller-skating, soccer, skiing, hiking, concerts, Bible studies, golfing, bonfires, go carts, laser tag, and other outings sponsored by CrossFire Student Ministries and The Worship Center.

Student's Name: _____ has my permission to attend all youth activities sponsored by CrossFire Student Ministries and The Worship Center in Leesburg, Va.

This consent form gives permission to seek whatever medical attention is deemed necessary and release, The Worship Center in Leesburg, Va and it's staff and volunteers of any liability against the personal losses of named child.

Effective From: September 08, 2019 **TO** September 30, 2020

Legal Guardian Signature: _____ Date: ____/____/____