

## STUDENT MINISTRY MEDICAL RELEASE FORM

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Cell/Other: \_\_\_\_\_  
Gender: Male \_\_\_ Female \_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_ / \_\_\_ / \_\_\_  
Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Name Of Policy Holder: \_\_\_\_\_

### MEDICAL HISTORY

Is student allergic to any medications? \_\_\_\_\_  
List any medication student is currently taking: \_\_\_\_\_  
Has student suffered from or is currently being treated for: Asthma: \_\_\_ Heart Trouble: \_\_\_ Diabetes: \_\_\_  
Epilepsy/Seizure Disorder: \_\_\_ Other: \_\_\_\_\_  
Date of last tetanus shot: \_\_\_\_\_  
Additional comments: \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

\_\_\_\_\_  
Name Phone Number  
\_\_\_\_\_  
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## RULES OF CONDUCT

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

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters or explosives
- No offensive or immodest clothing
- No boys in girl's sleeping quarters and no girls in boy's sleeping quarters
- No student may drive their personal vehicle during an event
- Respect property of other people
- Respect one another, staff, and other adult leaders
- Respect and comply will all 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 above evaluation of my health and permission to participate in youth group activities. I agree to abide by the stated personal code of conduct.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## PARENT/GUARDIAN PERMISSION

In accordance with the provisions of section 25.8 of the California Civil code, I hereby authorize Crossroads Church as agents to procure medical, hospital, surgical or dental diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of, any physician and surgeon 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 office of said physician or at said hospital.

I also understand and agree that Crossroads Church shall not be liable for any damages arising from personal injury or property sustained by the above noted child. In the event of injury or illness while the child is in the care of the above named organization, I understand and agree that I am financially responsible for any medical care so procured.

I give my above noted child permission to attend.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

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