

## Meridian Student Ministry Permission/Release Form

This form is effective from January 1, 2018 until December 31, 2018.

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone number: \_\_\_\_\_ Student's Cell phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy#: \_\_\_\_\_ Group ID #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ 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.

- For your child's safety and our knowledge, is your student a...  
 good swimmer     fair swimmer     non-swimmer
- Does your child have allergies:  
 pollens     medications     insect bites     other \_\_\_\_\_  
 food, (if yes, please list specific foods ) \_\_\_\_\_
- Does your child suffer from, or has ever experienced, or is being treated for any of the following:  
 asthma     epilepsy/seizure disorder     heart trouble     diabetes  
 frequently upset stomach     physical handicap
- Date of last tetanus shot: \_\_\_\_\_
- Does your child wear:     glasses     contacts
- Please explain any recent (within the last year) major illnesses your child has suffered or any other important information we should know regarding your child's medical history below or on the back of this page.

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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 separately to/during events.
- No fighting, weapons, fireworks, lighters, or explosives.
- No offensive or immodest clothing. Appropriate swimwear will be a modest one piece or touching top to bottom 2 piece bathing suit for girls and standard length shorts for boys.
- No boys are ever allowed in girls' sleeping areas, and no girls are ever allowed in boys' sleeping areas.
- Couples are to refrain from all contact except the holding of hands. Public displays of affection such as cuddling, kissing, putting arms around each other, etc. are not allowed.
- Participation within the group is expected. Therefore, all items such as CD players, MP3 players, portable DVD players, video game systems, books (other than the Bible), etc. are never allowed at any activity.
- Respect each other's property.
- Respect one another, staff, and leaders.
- Respect and comply with event schedules.

**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 student ministry 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: servant evangelism projects, cookouts, boating, water skiing, swimming, basketball, football, baseball, softball, games in the park, soccer, broomball, ice skating, volleyball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, mission activities, retreats, being transported in a vehicle by a church approved leader who is 18 years of age or older, golfing, miniature golf, hayrides, and campfires. *(If you desire to limit your child's participation in any event, please submit your request in writing when you turn in this form.)*

\_\_\_\_\_ has my permission to attend and participate in all student activities sponsored by Meridian  
Name of Student  
Baptist Church (Hereinafter the "church") from January 1, 2018 to December 31, 2018.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church, its staff, and its members of any liability against personal losses of the previously mentioned 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 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, members, and volunteer workers from any and all liability for any injury, loss, death, or damage to the above mentioned 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 providers. Furthermore, I/we affirm that the health insurance information previously 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 expense should they become ill or if deemed necessary by the student ministries staff/leader.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

Personally appeared before me, \_\_\_\_\_, with whom I am personally acquainted, and who acknowledged, that he/she executed the within instrument for the purposes therein contained.

Witness my hand \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Signature: \_\_\_\_\_ Notary Expires: \_\_\_\_\_