

Medical Release Form - DCC Youth  
August 2014-August 2015



Please print in ink

Student Name: \_\_\_\_\_  
                                    LAST                                    FIRST                                    MIDDLE

Year in school \_\_\_\_\_  Male  Female Age \_\_\_\_\_ DOB \_\_\_\_\_

Student & Parent Email \_\_\_\_\_ & \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Parent Cell \_\_\_\_\_

Student Cell Phone Number \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Place of Work \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Place of Work \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Place of Work \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Name of Physician \_\_\_\_\_

Address \_\_\_\_\_ Physician Phone \_\_\_\_\_

Dental insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Name of Dentist \_\_\_\_\_

Address \_\_\_\_\_ Dentist 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 student have allergies to pollens medications food insect bites
2. Does student suffer from, has ever experienced, or is being treated currently for any of the following:  
 asthma epilepsy/ seizure disorder heart trouble diabetes  
 frequently upset stomach physical handicap
3. Date of last tetanus shot: \_\_\_\_\_
4. Does your student wear glasses contact lenses
5. Please list and explain any major illnesses the student experienced during the last two years:

Additional comments:

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

**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
- No fighting, weapons, fireworks, lighters, or explosives
- No fighting
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult 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 youth group activities. I agree to abide by the stated personal limitations and code of conduct.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_ has my permission to attend all youth activities sponsored by DCC.  
NAME OF STUDENT

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against permission 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 DCC. 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:** \_\_\_\_\_