

Turning Point Christian Center Youth Ministry |

MEDICAL/PERMISSION AND RELEASE FORM JUNE 2017-2018

NAME _____ BIRTHDATE _____ AGE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

GRADE (Fall of 2017 Grade) _____ T-SHIRT SIZE _____

In Case of Emergency Notify: _____ Phone _____

Family Physician _____ Phone _____

Family Insurance Co. _____ Policy # _____

IMMUNIZATIONS:

(List dates if known) Tetanus _____ Polio Booster _____ Measles _____ Mumps _____ Other _____

PAST MEDICAL HISTORY

(Check giving appropriate information)

Asthma _____ Sinusitis _____ Bronchitis _____ Kidney Trouble _____ Heart Trouble _____

Diabetes _____ Dizziness _____ Stomach upset _____ Hay Fever _____ Mono _____

Siezuers _____ ADD/ADHD _____ Bleeding Disorders _____ Other _____

ALLERGIES: (List type)

Food _____

Penicillin or other drug (Name) _____

Insect stings/bites _____

Poison sumac, oak, or ivy _____

Previous operations or serious illness: _____

Any current medications: (List) _____

Special Diet: (Name) _____

Childhood Diseases: Chickenpox _____ Measles _____ Mumps _____ Whooping Cough _____

Other _____

We ask that all students adhere to our rules of conduct on trips and events: respect for people and property, no violence, no alcohol/drugs/weapons/tobacco/fireworks permitted, students are not allowed to drive to events, modest and appropriate clothing, and participation with the group is expected. Failure to comply with these expectations could result in your student begin sent home at parental expense.

PERMISSION FOR TREATMENT AND DISCHARGE

My child has permission to attend all church-sponsored youth activities as listed in calendars, Switch News publications, and/or Turning Point Christian Center including but not limited to the following: barbeques, games in the park, sport games, swimming, hiking, concerts, conference or all-nighter events, Bible studies, and beach trips. I also give permission for my child to ride in any vehicle designated by Turning Point Christian Center, its employees and adult volunteers, while participating in and traveling to and from an event.

_____ (Student's Name).

I/We, the undersigned, do hereby release, and forever discharge all sponsors and Turning Point Christian Center from any and all claims, demands, actions or cause of action, past, present, or future arising out of any damage or inquiry while participating in the event. We further accept financial and physical responsibility for the return of our child(ren), should the adult supervision find it necessary to send him/her/them home (as applicable).

Signature of Parent/Guardian

Date

Signature of Student

Date

Turning Point Christian Center Youth Ministry | SWITCH YOUTH

WAIVER AND RELEASE FROM LIABILITY

Effective June 2017 to June 2018

I (we) acknowledge that my child's participation in the Turning Point Christian Center youth program is voluntary and **may require involvement in activities that require traveling or physical exertion**. Such activities may include but are not limited to: outings, athletic games, local excursions, and meetings. I (we) acknowledge that my child's participation in any Turning Point Christian Center youth activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the Turning Point Christian Center youth program activities, I (we) agree to the following:

_____ Turning Point Christian Center is not responsible for the loss or theft of personal belongings.
Initial

_____ I/we give permission to the Youth Pastor and staff of Turning Point Christian Center youth ministry to drive my/our child in a church or personal vehicle, **unaccompanied** by another adult or student, when no alternative is available. This may be for varied reasons, such as, but not limited to: events, mentoring with staff member, emergencies, etc. I/we understand that the leader will do everything in their power to protect the safety of my child. I/we understand that the leader will contact us to inform us of this necessity or any changes.
Initial

_____ Student misconduct may result in transportation home from any activity at parent's expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.
Initial

_____ I understand my child's image may be photographed or filmed and used in video presentations and printed publications – either digital (online) or paper.
Initial

_____ I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: **A) I waive, release, and discharge from any and all claims or liabilities for death or personal injury damages of any kind**, which arise out of or relate to my child's participation in Turning Point Christian Center's youth activities, the following person, or entities: Turning Point Christian Center, it's Senior Pastor and Associate Pastors, Church Board, Elders, employees, volunteers, representatives, subcontractors and agents of any of the above. **B) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived**, released or discharged herein except in the case of gross negligence on the part of Turning Point Christian Center, Turning Point Christian Center staff or volunteers and: **C) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my student's actions**. I hereby assume the risks of my child participating in all Turning Point Christian Center youth activities.
Initial

_____ The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (student's name) hereby executes this document for and on behalf of the student named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the student in the execution of the Waiver and Release.
Initial

_____ **I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the student named herein for the purpose of attempting to treat or relieve any injury received by said student.** I authorize any such medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said student. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to Turning Point Christian Center representative to provide the needed emergency treatment to the student prior to his/her admission to a medical facility.
Initial

_____ I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl/Diphenhydramine, over the counter antacids as needed or other over the counter medicine as needed.
Initial

Student's Name _____
Parent(s)/Guardian Name _____
Parent(s)/ Guardian Signature _____