

Sardis Presbyterian Church  
**Student Medical Release & Permission Form**

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**Please print in ink.**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
LAST FIRST MIDDLE

Grade in School \_\_\_\_\_  Male  Female Student Email \_\_\_\_\_

Address (with city/state/zip) \_\_\_\_\_

Home Phone \_\_\_\_\_ Student Cell Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Cell Phone \_\_\_\_\_  
(SOMEONE OTHER THAN PARENTS OR GUARDIANS)

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.

1. For your child's safety and our knowledge, is your student a:  
 good swimmer     fair swimmer     non-swimmer
2. Does your child have allergies to:  
 pollen     medications     food     insect bites
3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
 asthma     heart trouble     diabetes     epilepsy/seizure disorder  
 physical handicap     frequently upset stomach
4. Date of last tetanus shot \_\_\_\_\_
5. Does your child wear     glasses     contact lenses
6. Please list and explain any major illnesses the child experienced during the last year:

Additional Comments:

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

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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 fighting, foul language, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- 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, locations and rules

**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 church activities. I agree to abide by the stated personal limitations and code of conduct. I acknowledge failure to do so may result in being sent home at my parents' expense.

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

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Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church staff prior to that event.*

\_\_\_\_\_ has my permission to attend all activities  
NAME OF STUDENT  
sponsored by Sardis Presbyterian Church.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Sardis Presbyterian Church and its staff of any liability against personal 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 and activities being organized by Sardis Presbyterian Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Sardis Presbyterian Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to 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 Sardis Presbyterian 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 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 ministry staff member.

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

***Photographs taken during Sardis Presbyterian activities may be used (without names) in future electronic and print media. If you would prefer NOT to have your child's photo used in this manner, please notify the church in writing.***