

**Effective Dates: September 01, 2017—August 31, 2018**

**Please print in ink**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First Middle xx xx xxxx

Year in School \_\_\_\_\_ Male \_\_\_ Female \_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Pager / Cell (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Emergency Contact Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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/youth 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 child/youth. If necessary, add another page with details:**

1. For your child's safety and our knowledge, is your child a:  
 good swimmer       fair swimmer       non-swimmer
2. Does your child have allergies to:  
 pollens       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       epilepsy/seizure disorder       heart trouble       diabetes  
 frequently upset stomach       physical handicap
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: \_\_\_\_\_  
 \_\_\_\_\_

**For your information, we expect each child 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 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

**Children/Youth who fail to comply with these expectations may be sent home at their parents' expense.**

I, the child/youth, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth/children's group activities. I agree to abide by the stated personal limitations and code of conduct.

**Child / Youth Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, 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, festivals. This also may include transportation in the church van/bus. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Children's Minister or Youth Minister prior to that event.*

\_\_\_\_\_ has my permission to attend all children/youth activities  
Name of Child/Youth  
sponsored by First Baptist Church of Mt. Orab, OH (herein after known as the "Church").

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child/youth.

I/We the undersigned have legal custody of the child/youth named above, a minor, and have given our consent for him/her to attend events being 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, 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/youth'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 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 child/youth 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 child/youth ministries staff member or volunteer.

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

## **Release for Pictures to be used in Church Publications**

I/We the undersigned have legal custody of the child/youth named above, a minor, and have given our consent for him/her to have any pictures taken of him/her during Church ministry events or meetings, to be used in Church publications. Publications include, but are not limited to, Church Midweek News, The Pathway Quarterly Newsletter, SHBA Newsletter, Ohio State Convention of Baptists publications, for the stated dates listed on page 1 of this form.

**Consent**      **Refuse Permission**

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