



# STUDENT RELEASE FORM

Effective August 28, 2011 through September 30, 2012

Student's Full Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Legal Guardian's Full Name \_\_\_\_\_  
Parent E-Mail \_\_\_\_\_  
Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Parent/Legal Guardian's Full Name \_\_\_\_\_  
Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Other Emergency Contact \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Insurance Co. Phone # \_\_\_\_\_  
Name of Insured \_\_\_\_\_ S.S. # of Primary Insured \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Rx ID # \_\_\_\_\_ Rx Group # \_\_\_\_\_

**\*\*\*Please attach a copy of the front and back of your insurance card to this form\*\*\***

## MEDICAL HISTORY:

**Please list and explain any health problems or chronic medical conditions** *(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 student is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof.)* \_\_\_\_\_  
\_\_\_\_\_

**Please list and explain any major illnesses the student experienced during the past year:** \_\_\_\_\_  
\_\_\_\_\_

**Please list medications taken regularly** \_\_\_\_\_  
\_\_\_\_\_

**Please list any known allergies** \_\_\_\_\_  
\_\_\_\_\_

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

**Date of last tetanus shot:** \_\_\_\_\_

**Student's Physician** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Student's Dentist** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Memorial Drive Presbyterian Church expects each student to conform to these rules of conduct:**

No cell phones, iPods/mp3 players or gaming systems allowed on retreats or mission trips

No students can drive without proper authorization

No possession or use of alcohol, drugs, tobacco or pornography

No fighting, weapons, fireworks, lighters, explosives, etc.

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

**A student who fails to comply with these expectations may be sent home at his or her parent's expense.**

STUDENT NAME

**\_\_\_\_\_ has my/our permission to attend all youth activities sponsored by Memorial Drive Presbyterian Church beginning August 28, 2011 through September 30, 2012. We have completed the contact information, insurance information and the medical history information. My student and I have read the above rules of conduct and understand the expectations and consequences.**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Memorial Drive Presbyterian Church (hereinafter "MDPC") and its staff of any liability against personal losses of named student. I/We the undersigned have legal custody of the student named above and have given our consent for him/her to attend events being organized by MDPC. I/We understand that my/our signature below carries with it the following:

- ✓ I/We are aware that activities may include participation in sporting/recreational events. *(Note: if you desire to limit your student's participation in any event, please submit your wishes in writing to the MDPC Executive Pastor prior to that event.)*
- ✓ I/We give permission for the above named student to be transported to and/or from church-sponsored events and church-approved meetings by: A) church provided transportation (*cars, vans, buses, planes*) and/or B) adult driven transportation (*MDPC Youth Staff, adult volunteers*). I/We also understand that my/our student may have one-on-one meetings with MDPC Staff or Volunteers with prior parental verbal or written approval.
- ✓ I/We are aware that the MDPC Youth Staff and all Adult Youth Volunteers have completed Child Protection Training in addition to a criminal background check and personal reference check prior to their involvement with students. We invite into ministry only those adults who a) have no previous convictions for sexual or physical abuse of children; b) for whom we receive positive responses from their references; and c) who meet our qualifications and ministry standards of the position for which they are applying.
- ✓ I/We are aware that the MDPC Youth Staff and Volunteer Youth Leaders contact students outside of youth activities for ministry purposes through text message and other forms of social media (ex: Facebook and Twitter). If you are uncomfortable with Youth Staff or Volunteer Youth Leaders contacting your student(s) via text or Social media please contact Luke Gordon in the Youth Office to discuss this further.
- ✓ I/We give permission for any videos or photographs taken of the above named student to be used on the MDPC web site or in any MDPC publication. No names will be used.
- ✓ In the event that the above named student is injured, or should require medical or dental attention while participating in a church-sponsored event, I/We hereby authorize the church representatives or sponsors of the event to secure necessary medical treatment for the above named student. I/We also acknowledge that I/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. 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 further understand that it is solely my/our responsibility to notify the MDPC Youth Ministry of any changes regarding the above named student's health, medical insurance, or guardianship information. I/We do hereby specifically release, waive, discharge, and covenant not to sue MDPC, its staff, volunteers, agents, and governing bodies, for any action or causes of action, including, but not limited to, personal injury, property damage, or wrongful death, which may exist or which may hereafter arise during and following the participation of the above named student in a church-sponsored event occurring between the dates listed on this form. I/We further understand and agree that in the event that the above named student is involved in activities that violate or compromise the rules, policies, or purposes of MDPC, I/we will accept full responsibility for release of the above named student to my/our custody and care. I/We further understand that I/we will cover all financial costs if the above named student is sent home for disciplinary reasons.
- ✓ I/We have read and understand this form, and hereby state that all information is true and correct. Unless terminated in writing, this release shall be effective August 28, 2011 through September 30, 2012 only.

\_\_\_\_\_  
**Printed name of Parent/Legal Guardian**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

**\*\*\*\*Please attach a copy of the front and back of your insurance card to this form\*\*\*\***