

**Effective dates: August 1, 2023 to July 31, 2024**

**Student Information (Please print in ink)**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
LAST FIRST MIDDLE

Year in school \_\_\_\_\_ ☐ Male ☐ Female Email \_\_\_\_\_

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

Phone \_\_\_\_\_ Mobile # \_\_\_\_\_

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

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

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

(relation to emergency contact info)

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 is subject and of which the student ministry 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.

\* If there are changes in your child's medical situation, please update your records with the REC Ministry Office

**Check the following areas of concern for this student.** If necessary, add another page with details:

- For your child's safety and our knowledge, is your student a—  
☐ good swimmer ☐ fair swimmer ☐ non-swimmer
- Does your child have allergies to— (if marked, please add details)  
☐ pollens ☐ medications ☐ food ☐ insect bites
- Does your child suffer from, or has he/she ever experienced, or is being treated currently for any of the following:  
☐ asthma ☐ epilepsy / seizure disorder ☐ heart trouble ☐ diabetes  
☐ frequently upset stomach ☐ physical handicap ☐ motion sickness
- Date of last tetanus shot: \_\_\_\_\_
- Does your child wear: ☐ glasses ☐ contact lenses ☐ n/a
- 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:

# Medical Release & Permission Form

## For your information, we expect each student to conform to these general rules of conduct

No possession or use of alcohol, drugs, or tobacco  
 No engaging in sexual acts  
 No students can drive unless we have signed parental consent  
 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  
 Represent the Church and REC Student Ministries with a Christ like attitude  
 Glorify God by Loving Him and Serving Others

## 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:** \_\_\_\_\_

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. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Associate Pastor of Youth & Discipleship, Jacob Boyd, prior to that event.*

\_\_\_\_\_ has my permission to attend all youth activities  
NAME OF STUDENT  
 sponsored by \_\_\_\_\_ REC Student Ministries at First Baptist Church of Springfield (herein after  
 the "Church") from **August 1, 2023** to **July 31, 2024**.  
DATE DATE

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.

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 REC Student Ministries at First Baptist Church of Springfield. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release First Baptist Church of Springfield, 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 First Baptist Church of Springfield, 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 student ministries staff member.

\* In signing this form, you consent to allow your child's image to be used by REC Student Ministries and/or First Baptist Church of Springfield responsibly to celebrate, inform, execute, and/or promote the activities and ministries of REC Student Ministries and/or First Baptist Church of Springfield.

# Medical Release & Permission Form

\*Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_