Medical Release and Permission Form

Effective dates: **September 1, 2022** to **August 31, 2023**

Please print in ink

Name: _____
LAST FIRST MIDDLE

School:_____ Grade:_____ Birthday: _____ ☐ male ☐ female

Address:_____ City:_____

State:_____ Zip:_____ Phone:_____ Cell:_____

Medical insurance company:_____ Policy #_____

Mother's name:_____ Phone: Home_____ Cell:_____

Father's name:_____ Phone: Home_____ Cell:_____

Emergency contact:_____ Phone: Home_____ Cell:_____

Physician: _____ Office phone:_____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, disability, or condition to which your child is subject and of which youth ministry staff or volunteers should be aware, and what, if any action of protection is required on account thereof.

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

1. Is your youth a —

   ☐ good swimmer ☐ fair swimmer ☐ non-swimmer

2. Does your youth have any physical limitations (i.e. sight, hearing, movement)? Please list/explain.

   _____

   _____

3. Does your youth have allergies to: (if yes, please list any specific details) —

   ☐ pollens ☐ medications ☐ food ☐ insect bites

   ☐ Other_____

4. Is your youth currently being treated for, or have they ever experienced, any of the following:

☐ asthma ☐ epilepsy / seizure disorder ☐ heart trouble ☐ diabetes

☐ frequently upset stomach ☐ physical handicap ☐ Other _____

5. Please list and explain any major illnesses your youth has experienced in the last year:

6. Are there other long-term or childhood medical conditions that Peake Youth should be aware of?

7. Is your son/daughter currently taking medication prescribed by a physician?

- Are there any specific dosage or storage instructions that Peake Youth should be aware of?

_____ (NAME OF YOUTH) has my permission to participate in all activities sponsored by **Chesapeake Church / Peake Youth (**hereinafter "Peake Youth") from **September 1, 2022** to **August 31, 2023**.

I also give my permission for my child to be transported in any church-owned vehicles, vehicles rented by the church for events or activities, or vehicles of adult volunteers of the church.

I affirm that I have legal custody of the child named above. I understand there are inherent risks involved in any event/activity and hereby release and hold harmless Peake Youth (its employees, agents, and volunteer workers) from any and all liability for any personal injury, or loss or damage to personal property, that may occur during the course of my child's involvement. In the event that my child is injured or becomes ill and requires immediate medical attention, I consent to all reasonable medical treatment as deemed necessary by a licensed physician or hospital. In the event that such medical care is required, I hereby release and hold harmless Peake Youth (its employees, agents, and volunteer workers) from any and all liability or claims arising from or caused by the provision of medical care.

I also affirm that my child is covered by health insurance, and agree that I will be responsible for the cost of any medical care not reimbursed by my health insurance provider.

If my child is not covered by health insurance, I agree to pay for all medical care expenses personally.

I also understand Peake Youth's policy regarding medications: teens are responsible for administering their own medication when on Peake Youth events such as the Camping Trip. Medications will be kept in a locked box with a key held by a youth leader at all times. Teens are responsible for obtaining their medication from the designated youth leader and taking their medication on time.

Parent/guardian signature: _____ Date:_____

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