

Lower Providence Baptist Church of Eagleville, PA Christian Education Yearly Medical and Permission Form

Date: _____ Effective: June 2017 thru May 2018 Please print in ink and return to Christian Ed.

Name (Full): _____ Age _____ Birthday _____

Name of School/address _____ Grade going into in school _____

Male Female Student's Email _____

Home Address: _____ City _____ State _____ Zip _____

Phone: (House) _____ Student's Cell/other: _____

Medical insurance company _____ Policy # _____

Mother's name _____ Phone (Home): _____

Email _____ (work) _____ (cell) _____

Father's name _____ Phone (Home): _____

Email _____ (work) _____ (cell) _____

Guardian's name _____ Phone (Home): _____

Email _____ (work) _____ (cell) _____

Emergency contact Name _____ Phone: _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

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—
 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:

Medical History

Additional comments:

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

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

- No possession or use of alcohol, drugs, or tobacco
- No students can drive during the event
- 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 (on overnight trips)
- No sexual or otherwise inappropriate contact/behavior
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders/volunteers
- Respect and comply with event schedules

Cell Phone Policy

Most electronic devices are not allowed at LPBC Christian Education Events. The reason for this is to create an environment that is free of distraction where people can focus on each other and God. Cell phones are a difficult matter and we understand a parent's desire to be able to communicate with their child. For the majority of our events we prefer students to not have their cell phones. Having said this if you as a parent feel that your child should bring a cell phone please understand that the cell phone is not be used or seen unless it is an emergency. If a student needs access to a phone they should ask one of the staff members/volunteers. We would also ask that if you need to contact your child first utilize the contact number that is made available for each event's main leader. If a student uses a cell phone for other than emergency reasons or without permission from a leader/staff person the cell phone will be taken away until the end of the event. **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 Lower Providence Baptist Church's Christian Education 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, prayer, worship services, 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 event leader prior to that event. That includes any desire to make your child's image and/or name unrecognizable in event documentation.

Youth and leaders routinely take photos and audio videos during events, and selections may be used for official church publicity, or be shared by themselves. I / we hereby assign and grant to Lower Providence Baptist Church (LPBC) of Eagleville, PA the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all church activities, and I hereby release LPBC and all employees, volunteers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. In addition, I authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/videotapes/electronic representations and/or sound recordings without limitation at the discretion of LPBC and I / we specifically waive any right to any compensation I may have for any of the foregoing.

I / We the undersigned have legal custody of the student named above, a minor, and have given consent for him/her to attend the events being organized by the LPBC of Eagleville, PA. I/We understand that there are inherent risks involved in any event, and I/we hereby release the church, its pastor(s), 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 treatment is required from a physician and /or hospital personnel designated by the church, I/we agree to hold such a 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 by the health insurance provider. I/we also agree to bring our child home at my/our own expense should they become ill or if deemed necessary by the trip leadership.

With signing this permission form I/we are in understanding and agreement of stated event and give permission for my son/daughter (student's name) _____ to attend these events under the guidance and supervision of adult leadership from the Lower Providence Baptist Church of Eagleville, PA.

IMPORTANT NOTE: Without a completed permission slip and medical release form a student will not be allowed to attend any event or participate in any activity.

Parent/s Name/s (printed) _____

Parent/s Signature/s _____ Date _____