

# Southside Youth Medical & Activity Release

Note: This release must be signed once by the student and twice by the parent/guardian. It must also be witnessed by a notary public and imprinted with a raised seal.

Southside Church of Christ  
1533 Nicholasville Road  
Lexington, KY 40503  
859-278-9533

Office Use Only:

Student Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Anticipated Graduation Year: \_\_\_\_\_ Gender: \_\_\_\_\_

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

Student's Cell Phone: \_\_\_\_\_ Student Lives With: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_ Student's Email: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

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 youth leaders and workers should be aware, and what, if any, action of protection is required on account thereof. Submit notification in writing and attach to this form. Include names of medications and dosages that must be taken.

For your child's safety and our knowledge, is your child a –

- good swimmer       fair swimmer       non-swimmer

Does your child wear --       glasses       contact lenses

Does your child have allergies to --

- pollens       medications       food       insect bites

Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

- asthma       heart trouble       diabetes       epilepsy/seizure disorder  
 frequently upset stomach       physical handicap

Please list and explain any major illnesses the child experienced during the last year:

Is there any specific information about your child's learning style or ability to work with a group that would be beneficial for the youth ministry to know?

Please be specific and use an additional page if necessary.

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

Additional Notes:

Office Use Only:

**For your information, we expect each student to conform to these expectations:**

- No possession or use of alcohol, drugs, or tobacco
- No offensive or immodest clothing or language
- Participation in the group is expected
- Respect and comply with event schedules and always remain in assigned groups
- Respect property
- Respect one another, staff and adult leaders
- Respect drivers and always travel with seatbelt

**Appropriate disciplinary actions will be given to students who fail to comply with these expectations. In addition, failure to comply with these expectations may result in being sent home at the parent's expense.**

I, the student, have read the expectations, the stated evaluation of my health, parental restrictions to participate in specific activities (see above). I agree to abide by the stated personal limitations and code of conduct.

**Student Signature:** \_\_\_\_\_ **Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Youth activities this release and permission form covers may include, but are not limited to: cookouts, boating, water skiing, swimming, canoeing, flatwater kayaking, rafting, tubing, basketball, rollerskating, rollerblading, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, indoor and outdoor concerts, golfing, miniature golf, hayrides, horseback riding, paintball, ziplines, amusement park games and rides, water park activities, and team building elements such as ropes courses. If you desire to limit your child's participation in any event, please submit your wishes in writing to a member of the youth staff prior to the event.

\_\_\_\_\_ has my permission to attend all youth activities in which the Southside Church of Christ (hereinafter the "Church") participates. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church, its staff, and its volunteers of any liability against 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 or attended 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 ministers, 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 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 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.

I also understand that for each out of town activity there will be a deadline to register in which the registration fee will be due. I understand that my child may not be allowed to attend if the payment or arrangement to pay is not received by this deadline. I also understand that if my child should opt out of the event after the deadline, the registration fee may not be refundable.

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

STATE OF KENTUCKY, COUNTY OF \_\_\_\_\_

Subscribed, sworn, and acknowledged before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_ My commission expires \_\_\_\_\_.

Notary Public, State of Kentucky at Large

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