

**Please print in ink the following information about your student:**

**Medical Release & Permission Form**

\_\_\_\_\_  
\_\_\_\_\_  
Name: \_\_\_\_\_

Year in School: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Birthday \_ / \_\_\_ / \_\_\_

T-shirt size:

Male

Female

E-mail: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy # :

\_\_\_\_\_

*(Please attach a copy of the insurance card)*

**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 staff should be aware, and what (if any) action or protection is required on account thereof. Submit this notification in writing and attach to this form. Include name and dosage(s) of medication(s) that must be taken.

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

1. For your student's safety and our knowledge, is he or she a: good swimmer  fair swimmer  non-swimmer

2. Please check if your student has allergies to any of the following items (*please specify each item checked*): medication(s) \_\_\_\_\_   
food(s) \_\_\_\_\_  insect bites \_\_\_\_\_  other

3. Does your student suffer from, or has he/she *ever* experienced or been treated for any of the following: Asthma  frequently upset stomach   
epilepsy/seizure disorder  heart trouble  diabetes   
physical handicap  other (*please specify*):

4. Is your student currently taking any prescription medication(s)?

yes  no If "yes," then please list:

He/she is responsible for keeping the medication and self-dosing

Staff/volunteer is responsible for keeping/dispensing the medication

*\*Please list any “other” medication a staff member could give your student (e.g. Tylenol, Ibuprofen, Benadryl, Tums, Claritin, etc.) Name(s) of medication(s):*

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5. Date of last tetanus shot \_\_\_\_\_

6. Please list & explain any major illness your student has experienced during the past year on a separate page.

**Expectations/Consequences:**

Respect God, property, one another, staff, and all adult leaders.

Comply with event schedules—participation with the group is expected.

Use *or* possession of alcohol, drugs (for which the student has not received a prescription by a licensed physician), or tobacco products of *any* kind is not allowed.

Acts of physical violence, weapons, fireworks, lighters, or explosives of *any* kind are not allowed.

Use appropriate language only.

Modest and un-offensive clothing is expected.

***Students who fail to comply with these expectations will receive consequences at the Youth Minister’s discretion***

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has my permission to participate in all youth activities sponsored by **Masonboro Baptist Church**, Wilmington, NC.

**May we use your child's picture and/or a video with him/her in it on our youth website/Facebook page?**

Yes  No

*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. By signing below, agreement with the expectations and consequences listed above is also affirmed.*

Parent/legal guardian Signature \_\_\_\_\_

Date     /     /

