

PRESCOTT EVANGELICAL FREE CHURCH
3000 Prescott Road, Modesto CA 95350 (209) 529-7200
A.S.P. MEDICAL RELEASE & PERMISSION FORM
In effect from August 1, 2012 to July 31, 2022

Youth's

Name: _____ Birthdate _____ Male ____ Female ____
 LAST FIRST MIDDLE

Address _____ City _____ State _____ Zip _____

Phone: Home _____ Cell _____ Email _____ Year in School _____

Medical insurance company _____ Phone _____

Address _____ City _____ State _____ Zip _____

Policy # _____ Group # _____

Mother's name _____

Phone: Home _____ Work _____ Cell _____ Pager _____

Father's name _____

Phone: Home _____ Work _____ Cell _____ Pager _____

Emergency Contact _____ Relation to Youth _____

Phone: Home _____ Work _____ Cell _____ Pager _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

MEDICAL HISTORY

Please describe the nature and severity of any physical and/or psychological ailment, weakness, limitation, 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. Attach this notification in writing to this form. Include 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:

Additional comments:

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

For your information, we expect each participant at Prescott events to conform to these rules of conduct

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No weapons, fireworks, lighters, lasers or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- No fighting with or harassment of other participants Participation with the group is expected
- Respect property, one another, staff, and adult leaders
- Respect and comply with event schedules

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, rollerskating, 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 church youth staff prior to that event.*

_____ has my permission to attend all youth activities
NAME OF STUDENT

sponsored by Prescott Evangelical Free Church from **August 1, 2021 to July 31, 2022.**

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 the undersigned have legal custody of the student named above, a minor, and have given my consent for him/her to attend events being organized by the Church. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, 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 child's involvement. I consent to any reasonable first aid treatment for my child as deemed necessary by the Church in the event of minor injury. In the event injuries require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. I understand that every reasonable effort will be made to contact me before any treatment is authorized. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I 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 affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____