

# CrossFire Student Ministries

## Medical Release and Permission Form

This authorization is to be effective from:

\_\_\_\_\_ through \_\_\_\_\_

### FOR YOUR PROTECTION, WE EXPECT EACH STUDENT TO CONFORM TO THESE RULES OF CONDUCT:

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting
- No weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing, including spaghetti straps, mid-drifts, and muscle shirts
- All shorts have to be at finger-tip length

### Student Information (please print in blue or black ink only)

Name: \_\_\_\_\_ Male / Female (circle one)  
 Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Year in School: \_\_\_\_\_ Email: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name	Day Phone	Evening Phone
Father's Name	Day Phone	Evening Phone
Emergency Contact	Day Phone	Evening Phone
Physician	Office Phone:	
Medical Insurance	Policy Number	

### WE DO EXPECT:

- Full participation with the group
- Respect to all property
- Respect one another as well as the staff and all adult leaders
- Respect and comply with event schedules

### STUDENTS WHO FAIL TO COMPLY WITH THESE EXPECTATIONS MAY BE SENT HOME AT THEIR PARENT'S EXPENSE

I, the student, have read the rules of conduct, the evaluation of my health and permission to participate in youth group activities. I agree to abide by the stated personal limitation and code of conduct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### 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 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:

1. Does your child have any allergies: \_\_\_\_\_ Pollen \_\_\_\_\_ Medications \_\_\_\_\_ Food \_\_\_\_\_  
 \_\_\_\_\_ Insect Bites

If you checked a box, please list allergies below:

\_\_\_\_\_

2. 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 \_\_\_\_\_  
 \_\_\_\_\_ Frequent Upset Stomach

3. Does your child wear: \_\_\_\_\_ Glasses \_\_\_\_\_ Contact Lenses

4. Date of last tetanus shot: \_\_\_\_\_

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### ACTIVITIES

Activities may include, but are not limited to: missions trips, amusement parks, cookouts, boating, swimming, paintball, basketball, roller-skating, rollerblading, games in the park, soccer, skiing, hiking, concerts, Bible studies, golfing, hayrides, bonfires, go carts, laser tag, and other fun events.

Student's Name: \_\_\_\_\_ has my permission to attend all youth activities sponsored by The Worship Center in Leesburg, VA.

This consent form gives permission to seek whatever medical attention is deemed necessary, and release The Worship Center in Leesburg, VA and it's staff and volunteers of any liability against personal losses of named child.

Parents/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### NOTE: PLEASE NOTIFY THE CHURCH OFFICE REGARDING ANY CHANGE OF STATUS IN THIS FORM AS SOON AS POSSIBLE.

The Worship Center  
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