

NEWBREAK STUDENT MINISTRIES

MEDICAL RELEASE FORM

2017-2018



Effective Dates: June 1, 2017 – June 1, 2018

Student Information:

Name: _____ Birth date: _____ Age: _____
Gender: _____ Email: _____ Cell: _____ Current Grade: _____
Address: _____ City: _____ Zip Code: _____
Medical Insurance company _____ Policy # _____
Physician: _____ Phone: _____
Mother/Guardian Name: _____ Phone: _____
Father/Guardian Name: _____ Phone: _____
Emergency Contact: _____ Phone: _____

Campus Student Attends

East County Ocean Beach Pacific Beach Scripps Ranch Terrasanta

Code of Conduct

Each student in Newbreak Student Ministry is expected to conform to the following rules of conduct: no possession or use of alcohol, drugs, or tobacco. No students can drive for any Newbreak Student Ministry 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. Participation with the group is expected. Respect property, one another, staff, and other 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/parent/guardian have read the rules of conduct and agree to the stated personal limitations and code of conduct for the Newbreak Student Ministries.

Student Signature: _____ Date: _____

Medical Information:

Allergies to Food - please list: _____

Upon exposure, list steps necessary – is the student able to perform these steps upon exposure? Y N
If not, please advise appropriate Student Ministry Director/Campus Lead of steps to undertake on students behalf at each and every event the students attends where potential exposure to allergen exists.

Allergies to Inset Bites/Bee Stings: _____

Upon exposure, list steps necessary – is the student able to perform these steps upon exposure? Y N
If not, please advise appropriate Student Ministry Director/Campus Lead of steps to undertake on students behalf at each and every event the students attends where potential exposure to allergen exists.

Asthma/Respiratory problems - please list: _____

Upon exposure, list steps necessary – is the student able to perform these steps upon exposure? Y N
If not, please advise appropriate Student Ministry Director/Campus Lead of steps to undertake on students behalf at each and every event the students attends where potential exposure to allergen exists.

(OVER)

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Vision/Hearing problems - please list: _____

Emotional/Behavior Disorders – please list: _____

Physical Disabilities - please list: _____

Identify accommodations requested: _____

Is the student presently taking any medications? Y / N

If yes, please list: _____

Special Medical Conditions/Other Pertinent Information (add additional paper if needed):

I give the Newbreak Student Ministry Director/Staff/Campus Lead permission to administer the following OTC (over the counter) medications to the student named above: *(please check all that apply)*

Acetaminophen Aspirin Antacids Ibuprofen Benadryl Other: _____

Activity Permission and Consent to Medical Care and Treatment

_____ (name of student) has my permission to attend all youth activities sponsored by Newbreak Church from June 1, 2017 to June 1, 2018.

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 by the Church. I/We understand that there are inherent risks involved in any ministry activity or athletic event, and I/we 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/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 give permission for my son/daughter to ride in a vehicle with a driver aged 21 years or older.

I also give consent for use of photographs and video media of the applicant, in Newbreak Church promotional videos, publications and/or their web. I authorize Newbreak Church staff and it's volunteers to photograph and video record the applicant.

I understand the photos and video media will be used for informational, promotional and social media purposes only and will not be used to generate a profit or for any other commercial purposes. I have not been compensated nor will I seek compensation for the photos and video media. I release Newbreak Church from responsibility should a third party violate the terms of this release. I understand that if I do not want the applicant photographed or video recorded, I must notify Newbreak Church by emailing studentministries@newbreak.org

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed name: _____ Phone: _____