

Effective Dates: August 01, 2013 to August 31, 2014

Please print in ink the following information about your student:

Name _____ Age _____ Birthday _____
Last First Middle

Year in school _____ Male Female E-mail _____

Address _____ City _____ State _____ ZIP _____

Phone number(s) _____ Pager/cell _____

Medical Insurance Company _____ Policy # _____

Mother's name _____ Phone: Home _____ Work: _____

Father's name _____ Phone: Home _____ Work: _____

Emergency contact _____ Phone: Home _____ Work: _____
(with relationship)

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 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):

pollen medications food 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 that a staff member could give your student (e.g. Tylenol or Benadryl) and mark whether or not you request notification prior to it being dispensed. Name(s) of medication(s): _____ Notification required? _____

5. Date of last tetanus shot _____ 6. Does your student wear glasses/contacts? _____

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

Revolution Student Ministries' Rules and Expectations:

- Respect God, property, one another, staff, and all adult leaders (I Timothy 4:12b; Hebrews 13:17).
- Comply with event schedules—participation with the group is expected (Hebrews 10:25).
- 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 (I Corinthians 6:19-20).
- Acts of physical violence, weapons, fireworks, lighters, or explosives of *any* kind are not allowed (Proverbs 20:3; Matthew 5:9).
- Use appropriate language (Ephesians 4:29; I Timothy 4:12b; James 3:7-10).
- Modest and un-offensive clothing is expected (Proverbs 11:22).
- Only supervised visits to the room of a member of the opposite sex will be allowed. *No "purple!"* Youth Minister will explain this rule to any who need elaboration (Proverbs 25:28; I Timothy 4:12b; Ecclesiastes 3:5b).

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

1. Verbal Warning
2. Loss of free time
3. A random chore that a leader comes up with 😊
4. Phone call to parents
5. Sent home *at parents' expense!*

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

Student signature _____ Date _____

Activities include but are not limited to: cookouts, sledding, swimming, sports, riding on the church bus or officially approved volunteer vehicles, roller-skating, outdoor games, bowling, camping, hiking, concerts, Bible studies, and retreats. **Note: If you wish to limit your child's participation in any event, please submit your wishes to the Youth Minister in writing prior to the event.**

_____ has my permission to attend all youth activities
Name of student

sponsored by **First Baptist Church of Concord.**

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 rules and consequences listed above is also affirmed.

Parent/legal guardian signature _____ Date _____