

# PARENTAL CONSENT/MEDICAL RELEASE FORM

\*This Release Form must be completed for your child to participate in certain church events.

\*Attached photocopy of insurance form or card is REQUIRED.

## PARTICIPATION CONSENT PORTION

The undersigned does hereby give permission for my child (see "Participant's Name") to participate in events sponsored by Rocky Hill Baptist Church. Should it be necessary for my child to be sent home due to medical reasons, disciplinary reasons, or otherwise, the undersigned agrees to assume all transportation costs. Further, authorization is hereby given to said church to furnish any necessary food, transportation and lodging for any youth-oriented event in which my child may participate.

## DISCIPLINARY CONSENT PORTION

The undersigned understands and accepts the disciplinary procedures of the Rocky Hill Baptist Church youth ministry as outlined below:

***"Rocky Hill Baptist Church reserves the right to send any minor home from any church function at our church's discretion. We authorize the Youth Minister or any other designated adult involved in directing a youth-oriented event, to make such a decision as needed. Rocky Hill Baptist Church's youth ministry's disciplinary procedure is governed by a "three strikes and you're out" policy. First offenses of minors attending a youth-oriented church function will result in a warning. Second offenses will result in a second warning and a phone call to a legal guardian. Third offenses will result in an automatic trip home. Legal guardians will pick up the dismissed child if the event is within a 50 mile radius of Rocky Hill Baptist Church.***

***Our basic expectations for conduct of minors are as follows:***

- 1) Obey any rule set forth by conferences or camps we may be attending.***
- 2) Obey any rule set forth by the youth ministry for each individual event.***
- 3) No hurting yourself or others.***
- 4) Respect church property.***
- 5) All couples will adhere to a "six inch rule" by keeping their bodies six inches from the opposite sex. (exception: they may hold hands)***
- 6) Have a good attitude.***
- 7) Follow the directions of the Youth Pastor and all adult chaperones/volunteers.***
- 8) Be where you should be, when you should be.***
- 9) Dress appropriately.***
- 10) Conduct yourself in a Christ-like manner.***

***Rocky Hill Baptist Church will automatically send home any minor who commits a criminal act or who is found in possession of alcohol, illegal drugs, pornography, weapons or fireworks while attending a youth-oriented church event. We reserve the right to notify proper authorities when a minor commits any criminal act."***

If my child should be dismissed from a youth-oriented event farther than 50 miles radius from Rocky Hill Baptist Church, I would prefer:

- To pick them up myself. \_\_\_\_\_
- They be bused home. \_\_\_\_\_

**MEDICAL RELEASE PORTION (Please Print)**

Participant's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Shirt Size (Adult) \_\_\_\_\_

Grade In or Just Completed \_\_\_\_\_

Parent(s) Business Phones or Cell Phones/Pagers \_\_\_\_\_

Hospital Insurance Yes \_\_\_ No \_\_\_ Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Insurance Phone Numbers \_\_\_\_\_

I testify that I am *absolutely certain* my child knows how to swim: \_\_\_\_\_

Other persons to notify in case of an emergency: (Yes) (No)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

*Below are listed any allergies or special medical conditions my child or ward may have. Below are listed all medications my child or ward will be taking while attending youth-oriented church events and when and how they should be taken. If pertinent, you will find an attached medical history of the minor.*

---

---

---

---

---

The undersigned hereby grants an adult, in whose care the minor has been entrusted, the authorization, authority and power of attorney to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of the said physician or at said hospital.

The undersigned agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

\_\_\_\_\_  
Legal Guardian Date

\_\_\_\_\_  
Student Date