

**Canyon Lake Community Church  
Medical Release and Permission Form**

Effective dates **June 2009** to **August 2010**

**PLEASE PRINT IN INK**

**Personal Information:**

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
           Last                      First                      Middle

Grade \_\_\_\_\_  Male  Female    Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Pager/cell \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Emergency contact \_\_\_\_\_ Phone: Home \_\_\_\_\_ Cell \_\_\_\_\_

Physician \_\_\_\_\_ 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 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.** 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 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 experiences during the last year:

Additional comments:

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

**Rules of Conduct:****For your information, 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, 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
- Respect 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 Rules of Conduct.

**Student signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Activity, Medical and Photo Consents:**

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, skate boarding, 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 Pastor of Student Ministries prior to that event.*

**Activity Consent:** \_\_\_\_\_ (Student's name) has my permission to attend all youth activities sponsored by Canyon Lake Community Church Student Ministries from June 2009 to August 2010.

**Medical Release:** This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Canyon Lake Community Church and its staff of any liability against personal losses of named child.

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 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.

**Photo Consent:** I do hereby agree to allow my child's name and/ or photographs, video, likeness, images or representations to be published in local newspapers, media guides, and marketing brochures and on the Canyon Lake Community Church website.

**Parent/guardian signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Canyon Lake Community Church Student Ministries**  
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(951) 244-1877