

Northwest Church
Spring Woodlake Missions Trip
March 27 – April 1, 2010
\$130 Early Bird (Until 3/9), \$150 Regular
Family member Price: \$55

Medical Release and Permission Slip

Please print in ink and attach a copy of student's medical insurance card (front and back).

Student's Name: _____ Age: _____ DOB: _____ Male ___ Female ___

Year in School: _____ School Name: _____ Parent's Email: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Cell: _____ Alt. Phone: _____

Medical Insurance Co.: _____ Policy #: _____

Mother's Name: _____ Phone: _____ Cell: _____

Father's Name: _____ Phone: _____ Cell: _____

Emergency Contact: _____ Phone: _____ Cell: _____

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 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 ___ Fair or ___ A Non-Swimmer

2. Does your child have any allergies (i.e. environmental, medications, food, insect bites)? Yes No

If yes, please describe allergy and treatment: _____

3. Does your child suffer from, ever experienced or is currently being treated for any of the following:
(Circle ALL that apply) Explain any circled items on the reverse side of this paper...

Asthma Epilepsy/Seizure Heart Condition Diabetes Frequent Stomach Upset
Physical Disability Food Allergies Mental/Emotional Disability ADHD
Panic Attacks Phobias: _____ Motion Sickness

4. Please list medications and dosage(s): _____

5. List any major illnesses the child experienced during the last year: _____

6. Date of last tetanus shot: _____

7. Does your child wear: _____glasses _____contact lenses _____none

Medical Release & Permission Slip Cont.

Should this child’s activities be restricted for any reason? Please explain *(add another page, if necessary)*

We expect each student to follow these rules of conduct:

- No possession or use of alcohol, drugs or tobacco
- No students will drive any of the vehicles
- No fighting, weapons, fireworks, lighters or explosives
- No offensive or immodest clothing
- Control your tongue, use of foul language will not be tolerated, no coarse joking or gossip
- No boys in girls’ sleeping areas and no girls in boys’ sleeping areas
- Participation with the group is expected
- Respect property
- Respect one another, staff and adult leaders
- Respect and comply with event schedules and rules
- No public displays of affection are allowed

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 EVALUATION OF MY HEALTH, AND PERMISSION TO PARTICIPATE IN THIS YOUTH GROUP ACTIVITY. I, AGREE TO ABIDE BY THE STATED PERSONAL LIMITATIONS AND CODE OF CONDUCT.

Student’s Name (printed): _____

Student’s Signature: _____ **Date:** _____

My child, _____ has my permission to attend this youth activity that is sponsored by Northwest Church from May 27 to April 1, 2010.

This consent form gives permission to seek whatever medical attention is deemed necessary and releases Northwest 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 Northwest 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 that treatment is required from a physician and/or hospital personnel designated by Northwest 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 Students Ministries Staff.

NORTHWEST CHURCH RESERVES THE RIGHT TO USE ANY AUDIO, VIDEO AND/OR PHOTOGRAPHY OF STUDENTS FROM THIS STATED EVENT.

PARENT/GUARDIAN NAME (PRINTED): _____ Date: _____

PARENT/GUARDIAN SIGNATURE: _____

Should you have any questions or concerns please feel free to contact:

Dan Chengrian @ dchengrian@nwc.org or 435-2200 ext 151 for Senior High
Jesse Caron @ jcaron@nwc.org or 435-2200 ext 153 for Junior High