

Medical Consent and Release Form

Lighthouse Baptist Church Teen Events

Students Information:

Student's Name:	
Address:	
City, State, Zip:	
Birthdate:	Age:
Year in School:	Male: <input type="checkbox"/>
Email:	Female: <input type="checkbox"/>

Emergency/Medical Information:

Emergency Contact Name:	
Phone Number:	

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, limitation, disability, 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. **Please submit this notification in writing** and attach it to this form.

If your child has a serious medical condition or allergy, we recommend you volunteer to be with them during events.

Please check the following areas of concern for this student:

1. For your child's safety, is the student a:

Good Swimmer Fair Swimmer Non-Swimmer

2. Does your child have any allergies:

3. Should this child's activity be restricted for any reason:

For your information, we expect each student to conform to these rules of conduct. (Student's who fail to comply will be sent home.)

1. No possession or use of tobacco, alcohol or drugs
2. No fighting, weapons, fireworks, lighters or explosives.
3. No offensive or immodest clothing
4. No boys in girls sleeping quarters and no girls in boys sleeping quarters
5. Participation with the group is expected and comply with the schedule and the rules
6. Respect property, one another, staff, adult leaders.

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Consent:

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, horseback riding, AT-V'ing, Outdoor and Indoor sports, Hiking, Hayrides, Lock-Ins, Sleep-overs, Mission Trips, Bible Studies, etc. If you desire to limit your child's participation in any event, please submit your wishes with this form.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Lighthouse Baptist Church and its staff/leaders 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 Lighthouse Baptist Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release Lighthouse Baptist church, it's staff and volunteers 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 for a physician and/or hospital personnel designated by Lighthouse Baptist Church 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 attached 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 staff/volunteers.

_____ has my permission to attend all youth activities sponsored by *Lighthouse Baptist Church*.

Date:	
Parent or Guardian Name (print):	
Parent or Guardian (signature):	
Phone Number:	Cellular Number:

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