

Mechanicsville Christian Center Permission and Medical Release Form for Students under 18

Student Name _____ Birthday ___/___/___ Male ! Female!
Current School _____ Current Grade _____ Student Cell #: _____
Parent/Guardian _____ Phone(H) _____ (W) _____ (cell) _____
Address _____ City _____ State _____ Zip _____
Second Parent _____ Phone(H) _____ (W) _____ (cell) _____
Alt. Emergency Contact _____ Phone (home, work or cell) _____
Parent email address _____
Medical insurance carrier _____ Policy # _____ Group # _____
Carrier Address _____ Name of insured person _____
Name of family physician _____ Phone _____
Name of dentist/orthodontist _____ Phone _____
Insured person's place of employment _____

Health History Allergies

_____ Frequent Ear Infections _____ Diabetes _____ Bleeding Disorders _____ Hay Fever _____ Penicillin _____ Heart
Defect/Disease _____ Asthma _____ Mononucleosis _____ Insect Stings _____ Other _____ Seizures _____ ADD/ADHD _____
Eating Disorder _____ Ivy Poisoning, etc _____ Tourettes Syn. _____ Chicken Pox _____ Measles _____ Drugs
(specify) _____ Mumps _____ Other _____

Chronic or recurring illness or medical condition _____
Dietary restrictions _____

Current medications (List both prescriptions, OTC & herbal)

Medication Name: _____ Dosage _____ Reason for taking _____
Medication Name: _____ Dosage _____ Reason for taking _____
Blood type (if known) _____ Date of last Tetanus: _____ Are all immunizations current? Yes ! No !

What over the counter medicine do you usually give to your child to treat:

Headaches _____ Stuffy nose _____ Upset stomach _____ Sore throat _____

Describe your students swimming ability: Beginner ! Intermediate ! Advanced !

Any other information you feel the leaders should know in advance about your student _____

These are our rules of conduct expected from each student and leader:

-Respect one another, staff and adult leaders -No alcohol, drugs, tobacco permitted -Respect and comply with event schedules -No fighting, weapons, fireworks, explosives -No students permitted to drive for events -Respect property -No offensive or immodest clothing -No boys in girl's sleeping quarters & vice versa -Group participation expected **Failure to comply with these expectations could result in your child being sent home at your expense.**

My child has permission to attend all church-sponsored youth activities as listed in calendars and/or Mechanicsville Christian Center bulletins, flyers and web pages including but not limited to the following: cookouts, bonfires, boating, water skiing, swimming, basketball, roller skating, skateboarding, paintball, bowling, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golfing, hayrides.

Note: If it is your desire to limit your child's participation in any event, please submit your wishes in writing to Mechanicsville Christian Center prior to that event.

Parent(s)/Guardian Signature _____ Date _____
Student Signature _____ Date _____

**Mechanicsville Christian Center – Student Ministries
Waiver And Release from Liability**

I (we) acknowledge that my child's participation in a Mechanicsville Christian Center youth program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I (we) acknowledge that my child's participation in any Mechanicsville Christian Center youth activity presents risks and that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the Mechanicsville Christian Center youth program activities, I (we) agree to the following **(PLEASE INITIAL AND SIGN):**

____ Mechanicsville Christian Center is not responsible for the loss or theft of personal belongings.

____ Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

____ I understand and authorize that my child's image may be photographed or filmed and used in video presentations, printed publications and a photo directory with their address. I also understand that my child's photo may be used on MCC's Internet website.

____ I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: A) I waive, release, and discharge from any and all claims or liabilities for death or personal injury or damages of any kind, which arise out of or relate to my child's participation in Mechanicsville Christian Center's youth activities, the following person, or entities: Mechanicsville Christian Center, its Senior Pastor and Associate Pastors, Elders, employees, volunteers, representatives, subcontractors and agents of any of the above; B) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived released or discharged herein except in the case of gross negligence on the part of MCC, MCC Staff or volunteers; and C) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. I hereby assume the risks of my child participating in all MCC's youth activities.

____ The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of Waiver Release.

____ I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to MCC representatives to provide the needed emergency care to the student prior to his admission to a medical facility.

Parent(s)/Guardian Signature _____

Parent(s)/Guardian Phone _____ Date _____