

# Parent Medical and Liability Release Statement

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. **Coverage by (Your Church/Organization) through its accident policy will be used, as a backup for what my family's insurance does not cover.**

I understand all reasonable safety precautions will be taken at all times by (Your Church/Organization) and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Northwest Academy, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature of Student (if over 18 years of age) \_\_\_\_\_

# Health Form

(Name of the Event)

(Please Print)

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_

Weight \_\_\_\_\_ Social Security # \_\_\_\_\_

## Emergency Contact Person:

Parent/Guardian Name \_\_\_\_\_

Address (if different than above) \_\_\_\_\_

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

Work Phone (\_\_\_\_) \_\_\_\_\_

## Alternate Contact Person: (use someone near the primary contact)

Name \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_\_

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

In whose name is the insurance? \_\_\_\_\_

Family Doctor \_\_\_\_\_ City \_\_\_\_\_

Phone Number (\_\_\_\_) \_\_\_\_\_

If your child should require medical attention for injuries received or illnesses contracted prior to the activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

**Health History:**

**Pre-existing or present medical conditions**

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**Name and dosage of any medications that must be taken**

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**Any allergies? \_\_\_\_\_  
to medications? \_\_\_\_\_**

**Hay Fever**  **Heart Condition**  **Diabetes**  
 **Insect Stings**  **Epilepsy/Nervous Disorders**  
 **Asthma**  **Frequent Stomach Upsets**  
 **Physical Handicaps**  
 **Any Major Illnesses during the past year?**

**If any of the above is checked, please give details (example; include normal treatment of allergic reactions)**

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**Date of last Tetanus Shot \_\_\_\_\_ Contact Lenses? \_\_\_\_\_**

**Any swimming restrictions \_\_\_\_\_ Yes \_\_\_\_\_ No**

**What are they? \_\_\_\_\_**

**Any activity restrictions? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**What are they? \_\_\_\_\_**

# Parent Information and Release Form

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(Name of the Event)

## Parent/Guardian Information and Permission Form

### Name of Activity and Dates

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(Please Print)

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone (\_\_\_\_) \_\_\_\_\_ Sex \_\_\_\_\_

Listed below are some of the activities we have planned to offer to the students during the trip. Place your initials next to specific activities listed below to indicate your approval of your child's participation.

\_\_\_\_ Horseback Riding \_\_\_\_ Playing Sports \_\_\_\_ Rock Climbing

\_\_\_\_ Canoeing \_\_\_\_ Rope Course \_\_\_\_ Zip Line

\_\_\_\_ White Water Rafting \_\_\_\_ Wilderness Backpacking

\_\_\_\_ Snow Skiing \_\_\_\_ Inert tubing \_\_\_\_ Water Skiing

\_\_\_\_ Personal Watercraft \_\_\_\_ Fishing \_\_\_\_ Skydiving

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Student Signature (if over 18 year of age) \_\_\_\_\_

# Student Code of Behavior

## Rules of Behavior Expected of Each Student

1. No Alcohol
2. Attendance at all meetings is mandatory
3. No guys in girls sleeping quarters (vice versa, too)
4. Follow Curfew
5. No Smoking
6. No drugs of any kind allowed except Prescriptions
7. No electronic devices such as gameboys/Tape,CD or radios/cel phones or computers allowed

## Parent and Student Release Statement:

As a parent/legal guardian of (name of student), I have reviewed the information about the (name the activity/event) and give my permission for the subject of this release to be involved in the overall activities and in the specific activities that I have initialed above.

I/We have reviewed the rules of the activity and agree that the subject of this release will abide by them. I/We also acknowledge that if the subject of the release has to return home early for discipline violations, it will be at my/our expense.

I/We consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject of this release during the activity/event to be used, distributed, or shown as Northwest Academy deems necessary.

I/We understand all reasonable safety precautions will be taken at all times by the Northwest Academy and its agents during the events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Northwest Academy, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_