

Effective dates: August 21, 2010 to August 31, 2011

Parent or guardian of the child listed below, please print in ink and complete both sides of this form.

Child's Name: _____ Age _____ Birthdate _____

Current grade in school _____ Male ___ Female ___ Email _____

Complete address _____

Home phone _____ Cell phone _____

Medical Insurance Company and policy/group #s _____

Father's name _____ Cell _____ Home _____

Mother's name _____ Cell _____ Home _____

Emergency contact _____ Cell _____ Home _____

Medical History

Use this form, attaching additional page if necessary, to provide essential information about 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. Include names of medications and dosages that must be taken.

Date of last tetanus shot (best guess, if date unknown): _____

Is this youth a: good/capable swimmer poor/non-swimmer List any water related restrictions: _____

List any allergies your child has (bee stings, certain food/liquid, pollens, etc.) with instructions for care in the event of a reaction:

Check below any condition that this child has ever experienced or is currently being treated for, including pertinent details:

asthma epilepsy / seizures heart trouble diabetes physical handicap

Please list and explain any major illnesses or hospitalizations the child experienced during the last year: _____

If this youth's activities or diet should be restricted for any reason, and/or there is any additional medical, emotional, or related information that sponsors should know to best keep your child safe and healthy when away from you on youth group activities, please explain: _____

All youth are expected to conform to this code of conduct during any church related event or activity:

- 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 and compliance with the group schedule and adult authority is expected
- Respect for property, one another, staff, and adult leaders

Youth who fail to comply with these expectations may be sent home at their parents' expense.

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating/blading, bowling, outdoor and indoor games/recreation, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, biking, concerts, Bible studies, golfing, miniature golf, hayrides, whitewater rafting, canoeing, hiking/backpacking, go carts, and transportation to and from such events. *If you desire to limit your child's participation in any specific event at any point in the year, submit your wishes in writing to the church youth pastor prior to that event.*

For the parent(s)/legal guardian(s)

The youth named herein has my/our permission to participate in any and all activities sponsored by **Franconia Mennonite Church** (hereinafter the "Church") and its youth staff from **August 21, 2010 to August 31, 2011.**

This consent form gives permission to the youth staff and their designates to seek whatever medical attention is deemed necessary, and releases the 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, dangers, and possibility of bodily and/or emotional injury in any activity or event. 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. I/We assume all liability and risk inherent in any activity. In the event that he/she is injured and requires the attention of medical personnel, I/we consent to any reasonable medical treatment as deemed necessary by medical personnel. In the event treatment is required from a medical professional and/or hospital personnel designated by the supervising staff, and I/we agree to hold such person(s) 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.

I/We give permission for my child's image (photo, video, quotes, etc.) to be used publicly and for church related publicity.

I/We, the undersigned, have legal custody for the child named herein and have the authority to sign this document.

Parent(s) signature(s)_____

Printed name(s)_____ Date_____

For the youth

I, the youth, have read the rules of conduct, the above evaluation of my health, and details and risks of participation in youth group activities. I understand and assume all risks and agree to abide by the stated personal limitations and code of conduct. Furthermore, I understand and will abide by any health-related restrictions my parent(s)/guardian has expressed for me.

Youth signature_____ Printed name_____ Date_____