



# PERMISSION SLIP, MEDICAL RELEASE AND COVENANT FORM 2011-2012

## PARTICIPANT INFORMATION

Participant Name: \_\_\_\_\_ email: \_\_\_\_\_

Grade in Fall: \_\_\_\_\_ Age: \_\_\_\_\_ Birth date: \_\_\_\_\_ cell phone: \_\_\_\_\_

Parents / Guardians: \_\_\_\_\_ email: \_\_\_\_\_

Telephone (guardian 1): (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

Telephone (guardian 2): (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_

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

City, State, Zip : \_\_\_\_\_

***In case of emergency and the above persons can not be contacted, please notify:***

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

City of Residence: \_\_\_\_\_

Telephone: (day) \_\_\_\_\_ (eve) \_\_\_\_\_ (cell) \_\_\_\_\_

## MEDICAL AUTHORIZATION AND HEALTH HISTORY

I/we the parents or legal guardian of, \_\_\_\_\_, hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on staff of any licensed hospital. This authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the physician.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Relationship: \_\_\_\_\_ Minor's last Tetanus Shot: \_\_\_\_\_

Allergies to food or drugs: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

**Please check all conditions that apply:**

- |  |  |  |                                      |
|--|--|--|--------------------------------------|
| <input type="checkbox"/> Stomach Upsets    | <input type="checkbox"/> Vision/Hearing Impairment | <input type="checkbox"/> Emotional/Behavioral Disability | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Physical Disability       | <input type="checkbox"/> Sleep Disturbances              |                                      |
| <input type="checkbox"/> Seizure Disorders | <input type="checkbox"/> Learning Disability       | <input type="checkbox"/> Motion Sickness                 |                                      |
| <input type="checkbox"/> Diabetes          |  |  |                                      |

Is your child taking any prescription or non-prescription medication? Yes No

If yes, can they take the medication themselves? Yes No **AND** please provide the following:

Medication \_\_\_\_\_ Dosage and Time Administered \_\_\_\_\_

Medication \_\_\_\_\_ Dosage and Time Administered \_\_\_\_\_



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**PARENTS PLEASE NOTE:** Church of the Ascension is committed to providing safe and supervised activities for youth both on and off campus. Due to the nature of our insurance policy we must ask for a shorter separate permission slip for every off campus event. These forms will be specific to each event throughout the year. **If a youth chooses to leave campus, and we are not on a scheduled outing, then Church of the Ascension cannot be responsible for that youth.** Please discuss your expectations of how they can arrive to, and leave from, church activities with your youth.

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### **COMMUNITY AGREEMENT for ALL PARTICIPANTS**

**I AGREE:**

- 1) **NOT** to leave any off campus event without an adult advisor;
- 2) **NOT** to bring or use alcohol or any illegal drugs;
- 3) **NOT** to participate in any violent behavior, including the possession of weapons, excessive/aggressive swearing or language, kicking, hitting, etc.;
- 4) **NOT** to smoke or chew tobacco if under the age of 18. If I am of legal age and use tobacco, I agree to use it only in the designated area provided;
- 5) **NOT** to participate in any inappropriate sexual behavior;
- 6) **TO** respect the needs and property of other participants and chaperones;
- 7) **TO** respect the property of the church and other facilities we use which includes not hanging on or climbing trees, no skateboarding, scooters or skates on the property and no destructive behavior;
- 8) **TO** participate in community activities, including chores;
- 9) **TO** respect other people in the group (no put-downs or teasing)
- 10) **TO** abide by my parents expectation of my presence at on campus events.

Above all, I agree to have fun, and to permit others to have fun.

***I understand these agreements are designed to provide a safe and supportive community at all events. I also understand that if I break one of these agreements, I will have broken the trust of the community, and may be asked to leave at the expense of my parent(s)/guardian(s).***

Signature of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_