

Church At Sandhurst

Our mission is to lead students into a growing relationship with Jesus Christ

Please print using ink

Student Name: (last) _____ (first) _____ (middle Initial) _____

Address: _____ City: _____ State: _____

Age: _____ Birthdate: ____ / ____ / _____ Male Female Student current grade: _____

Primary Phone: (____) _____ - _____ Secondary Phone: (____) _____ - _____

Email: _____

Mother's Name: _____ Phone #: (____) _____ - _____

Father's Name: _____ Phone #: (____) _____ - _____

Emergency Contact: _____ Phone #: (____) _____ - _____

Name of physician: _____

Medical History:

NOTE: All medical information will be kept confidential and provided on a need to know bases in order to provide care for your child

If necessary, describe in detail the nature and severity of any physical and or psychological ailments, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject to and of which the staff should be aware, and what , if any action of protection is required on account thereof. Submit this notice in writing and attach it to this form. If any medications are to be taken or administered, include names of medications and dosage taken or given.

1. Please list any current medications and dosage your child is taking: _____

2. Does your child have allergies to:

pollens medications food insect bites other

Please list allergies: _____

3. For your child's safety and our knowledge, is your child a:

good swimmer fair swimmer non-swimmer

4. Does your child suffer from, or has ever experienced, or is currently being treated for, any of the following:

Asthma Epilepsy/seizure disorder heart problems diabetes stomach problems

5. Does your child wear glasses contact lenses

6. Please list and explain any other health information that may be helpful or any activities that your child should be restricted from:

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For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, tobacco, or products of
- No student can drive unless cleared through youth pastor prior to event
- 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 with group activities is expected
- Respect for property
- Respect for other students, staff, and adult leaders
- Respect and comply with all rules and event schedules
- We may require students to surrender electronic devices such as cell phone, Ipods, Ipads, etc.
- When the activity calls for the use of a bible, students should use a printed bible and not an electronic version

Students who fail to comply with these expectations may be sent home at the parent's expense.

I, the student, have read the rules of conduct, the included evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: ____ / ____ / _____

Activities include, but are not limited to, cookouts, boating, skiing, basketball, roller-skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, wakeboarding, hiking, biking, concerts, bible studies, golfing, miniature golf, hayrides, visits to theme parks and theme park activities.

NOTE: *If you desire to limit your child's participation in any event or activity, please submit your wishes in writing to the youth pastor prior to that event.*

_____ has my permission to attend and participate in all youth activities
(Name of Student)
sponsored by **Church At Sandhurst** (hereafter referred to as "Church") beginning this date: ____ / ____ / _____
and ending this date: ____ / ____ / _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff from any and all liability against personal losses of the 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 and participate in events organized by the Church. I/we understand that there are inherent risk involved in any ministry or athletic event, and 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. In the event he/she is injured and requires the attention of a doctor or emergency services, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician or emergency personnel. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we 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 included health information is complete and accurate to the best of my knowledge. I/we also agree to bring my/our child home at my/our expense should they become ill or injured and if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: ____ / ____ / _____