



crowfield  
student ministry  
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**Permission and Medical Release Form 2012**

Valid January 1, 2012 – December 31, 2012

Participant Name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Numbers - Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell : (\_\_\_\_) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Phone Numbers - Home: (\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_) \_\_\_\_\_ Cell : (\_\_\_\_) \_\_\_\_\_

Physician Name: \_\_\_\_\_ Office Phone: (\_\_\_\_) \_\_\_\_\_

**List all medications currently taking:** \_\_\_\_\_

**List allergies:** Food: \_\_\_\_\_ Insect Bites/Stings: \_\_\_\_\_

Medication: \_\_\_\_\_ Poison Ivy/ Oak: \_\_\_\_\_

**List medical conditions/history:** \_\_\_\_\_

Insurance Company/Group: \_\_\_\_\_ Policy Number: \_\_\_\_\_

I, the undersigned parent or guardian of \_\_\_\_\_, do hereby authorize adult workers with the students of Crowfield Baptist Church to obtain necessary medical attention in case of sickness or injury for the above named student. I, the undersigned parent or guardian, do hereby release and forever discharge all volunteers and Crowfield Baptist Church from any and all claims, demands, actions, or cause of action (past, present or future existing) that may occur as a result of, or while participating in, any event the above named student takes part in this calendar year.

I grant permission for pictures or videos taken of the above named student while attending events sponsored by, or attended by, Crowfield Baptist Church, to be displayed or used in future services or publications, including posting on the church's website or Student Ministry Facebook page.

**Participant Conduct Agreement**

All persons participating in events with Crowfield Baptist Church must comply with the following:

- No possession of weapons (including pocket knives), fireworks, lighters, or anything explosive.
- No possession or use of alcohol, drugs, or tobacco. Prescription drugs must be given to an adult prior to departure with instructions for use.
- No offensive/ immodest clothing, including no pajamas in public area, no Softe shorts, no shorts with printing on the rear, no boxers/underwear showing, no tank tops or sleeveless shirts (guys and girls), no low cut shirts, no bike/compression shorts/boy shorts. All shorts/skirts must come to the tips of the fingers with arms straight down.
- No students or adults will be allowed to be alone with that of the opposite sex at any time.
- No students can drive/transport other students.
- Participation with the group is expected.
- No offensive language or language that is not encouraging to others. Respect leaders, staff, and other students.
- No inappropriate touching or sexual contact (PDA), including no hand holding, no kissing, no heads on laps/shoulders, no touching anyone else's body between their neck and knees, no sharing blankets.
- Student cell phones might be collected, depending on the situation, when the entire group is together. Students will have access to phones during free time activities. Students may be contacted at any time by calling one of the group leaders.
- Respect and comply with event and group schedules.

Students will receive a warning for the first violation. A second violation will result in a personal chaperone for the remainder of that day. A third violation will result in the student being sent home at the parent's expense. Parent's who are unable to come pick up their child must pay for an adult to travel with the student by bus/plane/boat/train.

I have read, understand, and agree to all information stated in this form and agree that, to the best of my knowledge, all information is accurate.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Parent/Guardian's Signature

**Notary Acknowledgment:**

Witnessed by my hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Signature: \_\_\_\_\_ Commission expires: \_\_\_\_\_