

Effective Dates: July 1 2009 - July 1 2010

Please Print in Ink

Student Name: _____ Age: _____ Birthday: _____

Year in School: _____ Male Female Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Mobile: _____

Medical Insurance Company: _____ Policy #: _____

Mother's Name: _____ Home #: _____ Alternate: _____

Father's Name: _____ Home #: _____ Alternate: _____

Emergency Contact: _____ Home #: _____ Alternate: _____

Physician: _____ Office #: _____

Dentist: _____ Office #: _____

Medical History

If necessary, describe in detail 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. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a:
 Good swimmer Fair swimmer Does not swim
2. Does your child have allergies to:
 Pollens Medication Food Insect bites
 List: _____
3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 Asthma Epilepsy / seizure disorder Hearth trouble Diabetes Freg. upset stomach
4. Date of last tetanus shot: _____
5. Does your child wear: Glasses Contact Lenses
6. Please list and explain any major illnesses your child experienced during the last year
7. Medications: _____
8. Should your child's activities be restricted for any reason?
 Explain: _____

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

- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules
- No possession or use of alcohol, drugs, or tobacco
- No student can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing

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

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

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, bible studies, golfing, miniature golf, hay-rides. Note: *If you desire to limit your child's participation in any event, please submit your wishes in writing to the church youth pastor prior to that event.*

_____ Has my permission to attend all youth activities
Name of student

sponsored by **Mountview Baptist Church**, Columbus Ohio (hereinafter the "Church") from **July 1, 2009 to July 1, 2010.**

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the church and its staff of any liability against personal losses of named student.

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 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 students involvement. In the event that he/she is injured and requires the attention of a doctor, I/WE consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event that treatment is required from a physician and/or hospital personnel designated by the Church, I/WE agree to hold such person free of and harmless of any claims, demands, or suites 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 student home at my/our expense should the become ill or if deemed necessary by the student ministries staff member.

Parent / Guardian Signature.: _____ Date: _____

Mountview student ministries is a ministry of: Mountview Baptist Church
2140 Fishinger, RD, Columbus, Ohio 43221