

# Medical Release Form Ontario Christian Fellowship

page 1 of 2

**Please print in ink**

Date \_\_\_\_\_

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE

Year in school \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ e-mail \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Cell: \_\_\_\_\_ Mother's e-mail: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Father's e-mail: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

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

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
(relationship)

## Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, weakness, limitation, disability, or condition to which your child is subject and of which church 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 currently taken.

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

1. Is this student a      good swimmer \_\_\_\_\_      fair swimmer \_\_\_\_\_      non-swimmer \_\_\_\_\_
2. Does this student have allergies to      pollens \_\_\_\_\_      medications \_\_\_\_\_      food \_\_\_\_\_  
   insect bites \_\_\_\_\_      other (please list) \_\_\_\_\_
3. Does this student suffer from, ever experienced, or currently being treated for any of the following  
   asthma \_\_\_\_\_      epilepsy / seizure disorder \_\_\_\_\_      heart trouble \_\_\_\_\_      diabetes \_\_\_\_\_  
   physical handicap \_\_\_\_\_      other \_\_\_\_\_
4. Date of last tetanus shot: \_\_\_\_\_
5. Does this student wear:      glasses \_\_\_\_\_      contact lenses \_\_\_\_\_
6. Please list and explain any major illnesses the student experienced during the past year:
7. Should this student's activities be restricted for any reason? If yes, please explain:
8. Attach any additional medical information on a separate sheet

**Code of Conduct**

Each student is expected to conform to the following rules of conduct while at youth functions:

- No name-calling
- No purple (boys are blue, girls are pink...)
- No profanity (includes taking the Lord’s name in vain)
- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, or explosives
- No offensive or immodest clothing
- No boys in girls’ sleeping areas and no girls in boys’ sleeping areas (during overnight events)
- Care for property and facilities
- Stay in supervised areas
- Respect and comply with youth pastor and youth sponsors

**Students who fail to comply with these expectations may be sent home at their parents’ expense.**

I, the student, have read the code of conduct and the above evaluation of my health and permission to participate in OCF youth ministry activities. I agree to abide by the stated personal limitations (if any) and the code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

Activities may include, but are not limited to: cookouts, swimming, basketball, roller skating, rollerblading, outdoor games, soccer, ice skating, volleyball, softball, baseball, camping, skiing, snowboarding, hiking, biking, concerts, golfing, miniature golf, hayrides, street hockey, water parks, bowling, ultimate Frisbee, indoor games, and service projects. *Note: If you desire to limit your child’s participation in any event, please submit your wishes in writing to the youth pastor prior to that event.*

\_\_\_\_\_ has my permission to engage in youth

NAME OF STUDENT

activities sponsored by Ontario Christian Fellowship (hereinafter the “Church”).

**Medical Consent**

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 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 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 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 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 he / she become ill or if deemed necessary by the OCF youth ministry leaders.

Parent / guardian signature \_\_\_\_\_ Date: \_\_\_\_\_