



Student Permission & Medical Release Form

June 01 2024 - December 31, 2026

Personal Contact:

Student Name: _____ Age _____ Birthdate _____
Last First Middle Initial Month/Day/Year

Year graduating High School: _____ School attending: _____ Male Female

Student's Email _____ Parent's Email _____

Address _____ City _____ State _____ Zip _____

Home Phone # _____ Student's Cell# _____

Mother's name _____ Phone: Cell# _____ Work# _____

Father's name _____ Phone: Cell# _____ Work# _____

Emergency Contact:

If person(s) named above is not available in the event of an emergency, notify:

Name: _____ Relationship: _____ Phone # _____

Medical Contact:

Medical insurance company _____ Policy # _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Media Release

I grant Sebastopol Christian Church the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of the Student named above at all Sebastopol Christian Church events and activities, and I release Sebastopol Christian Church, the activity coordinators, all employees, volun-teers, related parties, or other organizations associated with the activity from any and all liability from such use and publication. I authorize the reproduc-tion, copyright, exhibit, broadcast, electronic storage, and/or distribution of said photographs/film/ videotapes/electronic representations and/or sound re-cording without limitation at the discretion of Sebastopol Christian Church.

Yes No

Events

The student named above has my permission to participate in any regular scheduled activities as well as any other events and trips occurring at Sebastopol Christian Church, the local area and further areas in which camp and ministry trips are to take place during the dates stated above.

Parent/guardian signature: _____ Date: _____

Email Permission

I grant Sebastopol Christian Church permission to send email communications to the above email addresses regarding information pertinent to the events and activities sponsored by Sebastopol Christian Church Students. I understand that personal information will be kept confidential and used solely for communication purposes. Although email is the main form of communication used by Sebastopol Christian Church Student Ministries, I understand that I will have the option to opt out of email communication at any time.

Yes No

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Medical Information

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.

1. For your child's safety and our knowledge, is your student a: good swimmer fair swimmer non-swimmer

2. Does your child:

- Have allergies to: pollens medications food insect bites
- Suffer from, or has ever experienced, or is being treated currently for any of the following:
 - Asthma epilepsy / seizure disorder heart trouble
 - diabetes frequently upset stomach physical handicap
- Wear: glasses contact lenses

If you checked any of the above, explain: _____

3. What, if any, medication is your child taking? _____

Special instructions for medications? _____

Should the youth leader carry medication for your child? Yes No

Does your child have permission to be administered OTC medications as deemed necessary, by the leader? Yes No

If yes, please specify by circling kind (i.e., Ibuprofen, decongestant, etc.) and dosage: _____

4. Date of last tetanus shot: _____

5. Please list and explain any major illnesses the child experienced during the last year:

Additional comments:

Should this child's activities be restricted for any reason? Please explain:

Code of Conduct

- No possession or use of alcohol, drugs, and/or tobacco
- No students can drive unless authorized
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- Participation with the group is expected
- Respect others
- Respect one another and the leaders
- Respect and comply with event schedules
- No boys in girls' sleeping areas and no girls in boys' sleeping areas

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

I, the student and parent/guardian, have read the rules of conduct, the above evaluation of my health, and permission to participate in Hessel Students activities. We agree to abide and stand by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Sebastopol Christian 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; give my consent for him/her to attend events being organized by Sebastopol Christian Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Sebastopol Christian 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 student'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 person-nel designated by Sebastopol Christian 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 I/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 own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian: _____ Date: _____

Parent/guardian: _____ Date: _____