

Vista Church Student Ministries Medical Release Form

September 1, 2017–September 1, 2018

Name _____ Birthday _____ / _____ / _____ Male [] Female []
 Fall of '17 School & Grade _____
 Parent/Guardian _____ Phone (H) _____ Phone (W) _____ Phone (Cell) _____
 Address _____ City _____ State _____ Zip _____
 Second Parent _____ Phone (H) _____ Phone (W) _____ Phone (Cell) _____
 Alt. Emergency Contact _____ Phone (H) _____ Phone (W) _____ Phone (Cell) _____
 Student Email Address _____ Parent Email Address _____
 Medical insurance carrier _____ Policy or Group# _____
 Carrier Address _____ Name of Insured Person _____
 Name of Family Physician _____ Phone _____
 Name of Dentist/Orthodontist _____ Phone _____

Health History (Check. Give approximate dates)

Frequent Ear Infections Diabetes Bleeding Disorders
 Heart Defect/Disease Asthma Mononucleosis
 Seizures ADHD Downs Syn.
 Chicken Pox Measles Mumps

Allergies (dates not needed)

Hay Fever
 Poison Ivy
 Penicillin
 Insect Stings
 Drugs(specify) _____

Chronic or recurring illness or medical condition _____

Dietary restrictions _____

Current medications (List all prescription, OTC & herbal)

Medication name: _____ Dosage _____ Reason for taking _____
 Medication name: _____ Dosage _____ Reason for taking _____

Blood type (if known) _____ Are all immunizations current? (MMR, tetanus, hepatitis) Yes [] No []

Describe your students swimming ability: Beginner [] Intermediate [] Advanced []

Any other information you feel the leaders should know in advance about your student. _____

For your information, these are our rules of conduct expected from each student:

- Respect one another, staff and adult leaders • No alcohol, drugs, tobacco permitted • No lighters permitted
- No fighting, weapons, fireworks, explosives • No students permitted to drive for events • Respect property
- No offensive or immodest clothing • No boys in girl's sleeping quarters & visa versa
- Participation with the group expected • Respect and comply with event schedules

Failure to comply with these expectations could result in your child being sent home at your expense.

My child has permission to attend all church sponsored youth activities as listed in Vista Community Church calendars and/or News & Notes, including but not limited to the following: cook-outs, boating, water-skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice-skating, volleyball, softball, baseball, camping, downhill skiing, snow-boarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Note: If it is your desire to limit your child's participation in any event, please submit your wishes in writing to Vista Church prior to that event.

Parent(s)/Guardian Signature _____ Date _____

Student's Signature _____ Date _____

(Wait, there's more...)

**VISTA CHURCH STUDENT MINISTRIES WAIVER AND
RELEASE FROM LIABILITY**

Effective September 1, 2017 to September 1, 2018

I (We) acknowledge that my child's participation in the Vista Church Student Ministry is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I (We) acknowledge that my child's participation in any Vista Church Student Ministry activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the Vista Church Student Ministry activities, I (we) agree to the following:

Vista Church is not responsible for the loss or theft of personal belongings.

Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

****I understand and authorize that my child's image may be photographed or filmed and used in video presentations, printed publications and the annual photo directory with their address of Vista Church Ministries including the internet website.***

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: A) **I waive, release, and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Vista Church's Student activities, the following person, or entities: Vista Church, it's Senior Pastor and Associate Pastors, Elders, employees, volunteers, representatives, subcontractors and agents of any of the above:

B) **I agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of Vista Church, Vista Church staff or volunteers and: c) **I indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. **I hereby assume the risks of my child participating in all Vista Church student activities.**

The undersigned _____ (parent/guardian), the parent and natural guardian or legal guardian of _____ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release.

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to a Vista Church representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

I hereby agree to the all the above Vista Church Student Ministry Waiver and Release Form Liability conditions.

Child's Name _____

Parent(s)/Guardian Signature _____

Date _____