

**Cedar Crest Youth Group  
Medical Release & Permission Form 2020-2021**

Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_  
Street: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ - \_\_\_\_\_ Phone : (\_\_\_\_) \_\_\_\_\_  
Father's Cell :(\_\_\_\_) \_\_\_\_\_ Mother's Cell :(\_\_\_\_) \_\_\_\_\_  
Father's or Mother's email: \_\_\_\_\_  
Emergency contact \_\_\_\_\_ Phone :(\_\_\_\_) \_\_\_\_\_

I, \_\_\_\_\_, parent/guardian request that my child, \_\_\_\_\_,

be allowed to participate in the Cedar Crest Bible Fellowship Church Student Ministry gatherings whether on church property or with their small groups in other locations.

I have read the Summer Student Ministry Guidelines and agree to encourage my child to follow them to the best of their ability.

I further give my permission for my child to ride in any vehicle designated by the youth leadership of Cedar Crest BFC, in whose care my child has been entrusted while participating student ministry activities

In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child waive and release any and all claims that I might have against the Church, its youth ministry, the minister of youth, the ministry's officers, and any parties volunteering on behalf of the Church or its youth ministry from all actions, claims, damages, costs, expenses, or damages of any kind growing out of or related to the Activities.

I acknowledge that this is a full and complete release for all injuries, illnesses, and damages which the above student may sustain as a result of participating in the any of the activities during the week including but not limited to group games, sports tournaments, using exercise equipment, swimming, and potential contact with COVID-19.

I authorize the treatment of the student by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in the activity, including transportation to and from the site. This authority is granted only after a reasonable attempt has been made to contact me, the parent/guardian.

I give permission to Cedar Crest Youth Group to post pictures taken of my teen at events on their website and social media accounts. YES or NO

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

## **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     non-swimmer

2. Does your child have allergies to:

pollens     medications     food     insect bites

3. Does your child 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

4. Does your child wear:     glasses     contact lenses

Additional comments: