

New Beginnings Church of God TWEENS Ministries Medical Release Form

Name _____ Birthday _____ / _____ / _____ Male Female

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 _____

Please make a copy of Medical Insurance Card Front and back also.

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 • Respect property
- No offensive or immodest clothing • 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 "TWEEN" activities as listed on the website under calendars and/or News & Info section.

Parent(s)/guardian Signature _____ Date _____

Student's Signature _____ Date _____

(Wait, there's more on back!)

**NEW BEGINNINGS CHURCH TWEENS MINISTRIES
WAIVER AND RELEASE FROM LIABILITY**

I (We) acknowledge that my child's participation in the New Beginnings Church TWEEN program 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 New Beginnings Church TWEEN 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 New Beginnings Church TWEEN program activities, I (we) agree to the following:

New Beginnings 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, for New Beginnings Church 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 New Beginnings Church's TWEEN activities, the following person, or entities: New Beginnings Church, it's Senior Pastor, Youth Pastor, Directors, 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 New Beginnings Church, New Beginnings 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 New Beginnings Church TWEEN 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 New Beginnings 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 New Beginnings Church TWEEN Ministry Waiver and Release Form Liability conditions.

Child's Name _____

Parent(s)/Guardian Signature _____

Date _____