

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

If so, please list which ones: _____

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 frequently upset stomach
diabetes physical handicap

4. Date of last tetanus shot: _____

5. Does your child wear
glasses contact lenses

6. 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:

For your information, we expect each student to conform to these rules of conduct

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

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

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, soccer, broomball, volleyball, softball, baseball, hiking, biking, concerts, Bible studies, miniature golf, and hayrides. *Note: If you desire to limit your child's participation in any event, please submit your wishes in writing and attach it to this permission form.*

_____ has my permission to
NAME OF STUDENT
participate in all activities with MyLife Student Ministries

from *January 2009 to December 2009.
DATE DATE

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases MyLife Student Ministries 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 participate in events being organized by MyLife Student Ministries. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release MyLife Student Ministries, its directors, employees, counselors, and other 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 treatment is required from a physician and/or hospital personnel designated by MyLife Student Ministries,

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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 they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature:

_____ Date: _____