

# Student Medical Release & Permission Form

Calaveras South Grove Trail Hike

1170 California Highway 4, Arnold, CA 95223

November 20, 2023

Fee:  
Due:

Please make checks payable to  
Mercy Springs Church

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
LAST FIRST MIDDLE

Male  
 Female Email \_\_\_\_\_ Grade Completed \_\_\_\_\_

Adult T-Shirt Size: S M L XL 2X 3X

I do NOT want pictures of my child to be taken or posted on Mercy Springs social media.

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Policy Holder: \_\_\_\_\_  
FULL NAME

Mother's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone: \_\_\_\_\_

Physician \_\_\_\_\_ Phone: \_\_\_\_\_

## Medical History

Check the following areas of concern for this student. If necessary, add another page with details:

- Does your child have allergies to
  - pollens
  - medications
  - food
  - insect bites

Please explain:

\_\_\_\_\_

- 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

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Please explain:

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3. Date of last tetanus shot: \_\_\_\_\_

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

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Please list ALL medications (including over-the-counter or nonprescription drugs) taken routinely. Bring enough medication to last the entire time at camp. Keep it in the ORIGINAL packaging/bottle that identifies the prescribing physician (if a prescription drug), the name of the medication, the dosage, and the frequency of administration.

This person takes NO medications on a routine basis.

This person takes medications as follows:

Med #1 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
 Reason for taking \_\_\_\_\_

Med #2 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
 Reason for taking \_\_\_\_\_

Med #3 \_\_\_\_\_ Dosage \_\_\_\_\_ Specific times taken each day \_\_\_\_\_  
 Reason for taking \_\_\_\_\_

Attach additional pages for more medications.

Identify any medications taken during the school year that participant does/may not take during summer: \_\_\_\_\_

## RESTRICTIONS

The following restrictions apply to this individual.

### Dietary

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Does not eat red meat | <input type="checkbox"/> Does not eat pork    | <input type="checkbox"/> Does not eat eggs           |
| <input type="checkbox"/> Does not eat poultry  | <input type="checkbox"/> Does not eat seafood | <input type="checkbox"/> Does not eat dairy products |
| <input type="checkbox"/> Other (describe)      |   |  |

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Explain any restrictions to activity (e.g., what cannot be done, what adaptations or limitations are necessary)

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## Event Guidelines

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

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- 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: \_\_\_\_\_

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Mercy Springs Church of the Nazarene and its representatives 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 attend events being organized by Mercy Springs Church of the Nazarene. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Mercy Springs Church of the Nazarene, 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/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 Mercy Springs Church of the Nazarene, 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: \_\_\_\_\_