

# Newbreak Student Ministries

## Permission & Medical Form

Effective Dates: October 1, 2009 – October 1, 2010

### Student Information:

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Year in School: \_\_\_\_\_ Gender: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

Medical Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

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

Mother/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

### Code of Conduct

Each student in Newbreak Youth Ministry is expected to conform to the following rules of conduct: no possession or use of alcohol, drugs, or tobacco. No students can drive for any Newbreak Youth Ministry event. 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, one another, staff, and other adult leaders. Respect and comply with event schedules. **Students who fail to comply with these expectations may be sent home at their parent's expense.**

I, the student/parent/guardian have read the rules of conduct and agree to the stated personal limitations and code of conduct for the Newbreak Youth Ministries.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Driver Clearance

I give my permission for my son/daughter to ride in a vehicle with the following age range of driver:

18 years of age or older

21 years of age or older

### Activity Permission and Consent to Medical Care and Treatment

\_\_\_\_\_ (name of student) has my permission to attend all youth activities sponsored by Newbreak Youth Ministry from October 1, 2009 to October 1, 2010.

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 the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, 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 the Church, 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: \_\_\_\_\_

Printed name: \_\_\_\_\_ Phone: \_\_\_\_\_