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Mount Vernon Student Ministries

Print Full Name Here

2015 Medical Liability Release Form, General Permission & Code of Conduct

Medical Liability Release

Name _____

Social Security Number _____

Home Address _____

City _____ State _____ Zip _____

Home Phone () _____ - _____ Date of Birth ____ / ____ / ____

Primary Parent/Guardian's Name _____

Work Phone () _____ - _____

HOME PHONE (if different) () _____ - _____

Address (if different) _____

City _____ State _____ Zip _____

Alternate Emergency Contact _____ Phone () _____ - _____ Relationship _____

Family Physician _____ Phone () _____ - _____

Medical Insurance Company _____

Subscriber Name _____ Type of Coverage _____

Group # _____ Policy # _____

Insurance Phone () _____ - _____

Please describe any medical condition which may recur or be a factor in medical treatment.

Illnesses or handicaps _____

Allergies to medication, food, etc. _____

Convulsions, Blackouts, Fainting Spells, Etc. _____

Heart or lung problems _____

Disease of any kind _____

Previous operations or serious illnesses _____

Other (medical conditions) _____

Regular Medications Currently Taking _____

Dosage and Frequency _____

Short Term Medications Currently Taking _____

Dosage and Frequency _____

Over the counter medications allowed to take _____

Provide a copy of your Insurance Card with this form.

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General Permission

I give the participant listed on this form permission to go with Mount Vernon Baptist Church on their various student ministry events and outings. These events and outings range from concerts, camps, retreats, local non-recreational activities and mission projects. I realize that this is a general form to be placed on file in the student ministry office upon which the church may use when necessary. I also understand that for some student ministry events there will be an additional form to be used to notify of parental consent for various events.

Personal Property Waiver

I understand that it is my responsibility to safeguard any personal property I bring. I further understand that Mount Vernon Baptist Church will not under any circumstances be responsible for any property lost, misplaced, or stolen, either directly or indirectly. I further understand that such loss may or may not be covered under my insurance and that Mount Vernon does not have any insurance to cover any such loss of my own personal property.

Photo/Video Notice

I understand that as a participant, my child may be photographed or videotaped during normal activities and that these photographs or videos may be used in other materials.

Liability Release

As the parent/guardian of the participant, I certify that the information provided on this form is correct to the best of my knowledge. In order that appropriate diagnosis and treatment may be promptly carried out and so that no unnecessary delays will occur, I give permission for such diagnostic, therapeutic, and operative procedures as may be deemed necessary for the person named. No major operation will be performed, however, except in an emergency, without a parent or guardian being contacted and fully informed. I assume final responsibility for medical expenses incurred by the participant, and for expenses involved in returning the participant home for medical reasons, or for any of the following reasons substance abuse (drugs and alcohol), endangering the life of another person, sexual misconduct, or illegal misconduct. I understand that each individual is responsible for his/her own insurance coverage during any trip. I hereby release and forever discharge Mount Vernon Baptist Church, its staff, all sponsors, state conventions, employees, and any designated individual in charge of any trip from any legal responsibility, financial responsibility, all claims, demands, actions or cause of action, past, present, or future with respect to my personal or child's participation in any church activity.

Code of Conduct Agreement

Parent/Guardian Agreement

After reading the Code of Conduct I give the Student Ministry staff of Mount Vernon Baptist Church permission to enforce the Code of Conduct in agreement with the student ministry philosophy. I give the Student Ministry leadership permission to use their discretion, knowing that a team approach will be utilized to enforce rules and make final decisions as to the severity of the reprimand. If my child is seen by the Student Ministry leadership as having an infraction of these rules and regulations, I will support their decision of the reprimand and follow through with the understanding in Section 2 of the Code of Conduct document.

Student Agreement

After reading the Code of Conduct I understand the seriousness of the Code of Conduct and will respect it and the adult leadership at all times. I will strive to obey these important regulations as they will provide for me a safe, good and healthy experience. If infractions of any of these guidelines are made, I will take responsibility and follow the above agreement in Section 2 of the Code of Conduct document.

Print Student Name

Print Parent/Guardian Name

Student Signature

Parent/Guardian Signature

____ / ____ / ____
Date