

MEDICAL RELEASE AND INFORMATION FORM

Please sign and Return to the Church Office

NAME _____ AGE _____

ADDRESS _____ BIRTHDATE _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

PARENT'S NAME _____ BUSINESS PHONE _____
(if being filled out for a child) PAGER _____

NAME OF INSURANCE COMPANY _____ POLICY # _____

PLEASE FILL OUT COMPLETELY:

1. ALLERGIES: (food, drugs, insects or natural elements) _____

2. ARE YOU A DIABETIC? _____ DO YOU TAKE INSULIN? _____
WHAT TYPE? _____ WHO WILL GIVE YOU YOUR INSULIN? _____
3. ARE YOU TAKING ANY TYPE OF MEDICATION? _____
IF SO, WHAT? _____ HOW OFTEN? _____
4. HAVE YOU EVER HAD SURGERY? _____
IF SO, WHAT TYPE AND WHEN? _____
5. DO YOU HAVE ANY CHRONIC DISEASE OR ILLNESS (i.e., blackouts, fainting, epilepsy, etc.)?

6. WHAT DATE WAS YOU LAST TETANUS VACCINATION? _____

I hereby give permission to the physician selected by an adult sponsor for Hillcrest Baptist Church to hospitalize and secure proper treatment (including surgery) for myself (or my child.)

IN THE EVENT OF A CHANGE IN THE MEDICAL CONDITION OF MY CHILD, I WILL NOTIFY THE YOUTH MINISTER AT HILLCREST BAPTIST CHURCH, PRIOR TO MY CHILD'S PARTICIPATION IN FUTURE EVENTS. I UNDERSTAND I CAN REVOKE THIS MEDICAL RELEASE AT ANY TIME UPON WRITTEN NOTIFICATION TO THE YOUTH MINISTER.

Signature of Parent (Must be legal guardian) Date

Signature of individual (If 18 yrs. of age or older) Date

NOTE: Please provide and attach any additional, pertinent information concerning yourself or your child.

HILLCREST BAPTIST CHURCH STUDENT CONTRACT

The following rules are intended for the safety and enjoyment of every student taking part in Hillcrest Youth Group events. They are also designed to promote a Christian, God-centered atmosphere on these activities as well.

1. Students are not allowed to leave the Hillcrest group while attending a youth event. No student can leave the group without the youth leader's permission and notification by the student's parent/guardian.
2. Students must attend ALL scheduled activities that occur while at an event or fellowship.
3. Students MUST be in their assigned rooms by curfew. Lights out by the designated time. Curfews are not recommendations. Curfews are for your safety and mental/physical well-being.
4. Drugs, alcohol, any form of tobacco, firearms, knives or fireworks are NOT allowed. ALSO, DO NOT BRING tape players, radios, CD players, televisions, Nintendos, Laser Pointers or any other type of electronic games or equipment, pagers, cellular phones or computers.
5. Students must dress appropriately. Casual clothing is acceptable during all activities unless stated otherwise. All clothing should reflect modesty and discretion. Shorts are to be a least fingertip length with arms straight down at sides. No low-cut neck lines or deep armholes in dresses or shirts. Only one-piece bathing suits are acceptable when swimming. If clothing is deemed inappropriate, participants will be asked to change.
6. Students are to respect adult sponsors and follow their instructions. Event sponsors are responsible, mature adults who are voluntarily giving up their time to sponsor Hillcrest youth events. Each wants you to be happy, safe and to have a great time while at the youth events. Obeying instructions of and exhibiting respect toward leaders is fundamental.
7. Refrain from public display of affection (PDA) with girlfriends or boyfriends.
8. Under NO circumstances are girls to be in boys' room or boys to be in girls' rooms. NO EXCEPTIONS!

STUDENT/PARENT AGREEMENT

By signing this form, you are saying that you have read, understand, and agree to abide by the above policies to the best of your ability. If a youth fails to use good judgement and breaks one of the above listed rules, then consequences, as determined by the youth leader and sponsors, will follow. In the event of rule number 4 being violated, the consequence is predetermined and agreed to be a ticket home for the youth.

I have read all of the rules and agreement above. I understand them both and agree to abide by them for my own safety and personal growth.

Student Signature _____ Date _____

Parent Signature _____ Date _____