

Beartown Road Alliance Church
Student Medical Release Form
2023-2024 School Year

INSTRUCTIONS: Please fill out this form in its entirety before submitting it. Please type or print legibly in ink. DO NOT LEAVE ANYTHING BLANK! We cannot assume that a blank space means "none," so if your answer is "none" or "not applicable," please write that in.

Name (of student) _____ Date of Birth: _____ M / F

Address: _____ **2023-2024** Grade: _____

City _____ State _____ Zip _____

Student Email: _____ Parent Email: _____

Home Phone (_____) _____ Cell Phone (_____) _____

Emergency Contact Name _____ Relationship _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

Secondary Emergency Contact: _____ Relationship _____

Daytime Phone (_____) _____ Evening Phone (_____) _____

PLEASE SUPPLY ALL THE FOLLOWING INFORMATION:

Name of Student(s) Physician _____

Pediatric Office Number (_____) _____

Address _____

Phone (_____) _____ Primary Way of Contact: (_____) _____

Medical Insurance Company _____

Group # _____ Policy # _____

Physical Limitations and/or Special Instructions: (Asthma, diabetes, allergies, etc.):

List any medication you take on a regular basis and/or any you will bring with you to Youth Group.

Youth Group Expectations

1. Students **must remain on Church property while attending Youth Group programs unless specifically guided and chaperoned by youth leaders (e.g. ice cream at Peaches 'n Cream).**
2. Students will only have **access to assigned church rooms.** This means no students should be in offices or closed rooms without consent from a youth leader.
3. Students will not be alone with other students in a private place at any time.
4. Physical and private displays of affection are not appropriate while attending Youth Group or a Youth Event. Youth Leaders will request that students do not touch each other. A greeting hug is one thing, while holding hands is another.
5. We take student safety **very seriously.** Immediately speak up if ANYTHING inappropriate happens, or the appearance of inappropriateness is observed.
6. Each student must check in to Youth Group upon arriving and before participating in Open Gym or other activities.
7. If students feel uncomfortable in any way, for any reason, please speak with Cody Buterbaugh, Megan Mattson or another youth leader immediately.

Waiver Signatures

STUDENT MEDICAL WAIVER: I, _____, parent and/or legal guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child my *express* permission to attend events held on the Beartown Road Alliance church (a.k.a. BRAC) campus. I have listed the physical conditions and/or medical problems that may need attention, and all medications used by above minor. In the event there arises an emergency necessitating medical and/or surgical attention, I hereby consent and give my permission to the staff of BRAC or any attending physician to make such decisions and to perform such medical treatments and/or surgery upon said minor, which may, in their sole discretion, be necessary and proper under the circumstances.

I do release, acquit, discharge, and covenant to hold harmless the staff of BRAC from any and all actions, damages, liabilities arising out of the treatment of any sickness or accident incurred by said child. I also give authority and permission to BRAC staff to inspect my child's room and belongings while on trips for the safety and protection of all participants *if unusual circumstances make such an inspection necessary.*

Signature of Parent/Guardian

Date