

Northwest Hills Baptist Church
Children's & Preschool Ministry
Medical Release & Permission Form

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

- No possession or use of alcohol, drugs, or tobacco products
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girl's sleeping quarters and no girls in boy's sleeping quarters
- 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 parent's expense.

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in Children's Ministry group activities. I agree to abide by the stated personal limitations and code of conduct.

Student signature: _____ Date: _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides.

Note: If you desire to limit your child's participation in any events, please submit your wishes in writing to the Children's Ministry Team prior to that event.

_____ has my permission to attend all Children's Ministry Activities sponsored by Northwest Hills Baptist Church (hereinafter NWHBC).

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the NWHBC, its staff and sponsors 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 NWHBC. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release NWHBC, its Pastor, 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 that 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 NWHBC, 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 our health care 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 Children's Ministry Team.

Parent/Guardian Signature: _____ Date: _____