

**Elk River Church of the Nazarene
BAM Student Ministries
Event Permission Form**

Student Name: _____ Birthdate: ____/____/____

Address: _____ Student Home # (____) _____

City/State: _____ Zip: _____ Student Cell # (____) _____

Mother's Name: _____ Father's Name: _____

Mother's Work #: (____) _____ Father's Work #: (____) _____

Mother's Cell #: (____) _____ Father's Cell #: (____) _____

Medical insurance company: _____ Policy #: _____

Insurance Card in the name of: _____ Group #: _____

Please provide a copy of your insurance card in the event an emergency should occur.

Other Emergency Contact: _____

Phone: (____) _____ Cell #: (____) _____ Other #: (____) _____

Physician: _____ Office Phone: (____) _____

Medical History:

If necessary, describe in detail the nature and severity of any physical and/or psychological conditions which your child is subject to. Submit this notification, along with any other information you feel may affect your child's trip, in writing attached to this form.

1. For your child's safety and our knowledge is your student a:

good swimmer fair swimmer non-swimmer

2. Does your child have allergies to:

pollens medications food insect bites other

List Allergies: _____

3. Does your child suffer from:

asthma epilepsy / seizure heart trouble diabetes

other: _____

4. Date of last tetanus shot: _____

5. Please list any major illnesses your child experienced in the last year: _____

6. List any medications your child will have and will be responsible for taking. Please include dosage and times they are to be taken: _____

7. List any OTC medicines your child may take. If a medicine is not mentioned it will not be administered. (these will only be available from event chaperones): Can generic form be administered: yes no

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The following are the minimum expected Code of Conduct:

- Respect one another
- Follow instructions of all chaperones
- Respect property
- No possession or use of alcohol, drugs or tobacco
- No students are allowed to drive
- No fighting or weapons
- No offensive or immodest clothing
- No entering the sleeping quarters of the opposite gender for "ANY" reason
- Participation in all group activities is expected
- Agree to the specific guidelines pertinent to the event

Students who fail to comply with these expectations may be sent home at their parent's expense.

I have read the code of conduct and I agree to abide by the code of conduct.

Student Signature: _____ **Date:** _____

The following gives permission for the chaperones to seek whatever medical attention is deemed necessary, and releases the Elk River Church of the Nazarene, its staff, and chaperones from liability against personal loss. Please contact our Pastor Eric if you have any questions:

_____ the undersigned have legal

custody of _____, a minor, and have given our consent to attend events organized by Elk River Church of the Nazarene. It is understood that there are inherent risks involved in any event and hereby release the Elk River Church of the Nazarene, its ministers, and volunteer workers from any liability for injury, loss, or damage to person or property that may occur during the normal course of student involvement. In the event that the student requires medical attention, consent is given for any reasonable medical treatment as deemed necessary by a licensed physician. It is understood that any accidental insurance coverage by the Elk River Church of the Nazarene is secondary and the ultimate responsible party is the custodial parent or guardian. All information provided in this form is accurate and if there are any changes I will notify Elk River Church of the Nazarene. If the student becomes ill or it is deemed necessary for the student to come home it will be the responsibility of the parent to make arrangements to pick the student up.

Parent/guardian signature: _____ **Date:** _____

Parent/guardian signature: _____ **Date:** _____