Waters Edge Student Ministries

PO Box 894, Frisco Texas 75034, 972-712-7377

Medical Release, Code of Conduct & Parent Permission Form (Please print in ink)

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,						
Effective dates:	to)	(Eff	ective for o	one year)	
Name				Age _	Birthda	у
LAST	FIRST		MIDDLE			
Home Phone			_Cell Phone			
Address		City _			_ State	_ Zip
Mother's name			Phone		Work	
Father's name			_ Phone		Work	
Insurance Company				_Phone		
Insurance Policy #			Group #			Co pay\$
Emergency contact			Phone		Work	
Physician			Office pho	one		
propensity, weakness, limit should be aware, and what and attach it to this form. Ir	t, if any action	of protectio	n is required on a	account the	ereof. Submit this	
Check the following area	s of concern	for this stu	dent. If necessa	ry, add and	other page with c	details:
1. Does your child have allo	ergies to — medications	☐ food	☐ insect bite	es	□ other	
2. Date of last tetanus shot	:					
3 Please list and explain a	any major illne	sses the ch	ild experienced o	luring the I	ast year:	
4. Are there any other cond	ditions we sho	uld be awar	e of?			
5. Should this student's act	tivities be resti	ricted for an	y reason? Please	e explain:		

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

No possession or use of alcohol, drugs, or tobacco

No students can drive

No fighting, weapons, fireworks, lighters, or explosives

No offensive or immodest clothing

No boys in girls' sleeping quarters and no girls in boys' sleeping quarters

Participation with the group is expected

Respect property, 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 parents' expense.

I, the student, have read the rules of conduct, group activities. I agree to abide by the states			
Student signature:			Date:
Activities may include, but are not limited to: or rollerblading, games in the park, soccer, broonight lock-ins, hiking, camping, concerts, Bibli events. Note: If you desire to limit your child's church youth staff prior to that event.	mball, ice skating, ve e studies, golfing, m	volleyball, s niniature go	softball, baseball, camping, go-carts, all olf, hayrides and transportation to and from
NAME OF STUDENT		has my pe	ermission to attend all youth activities
	Edge Family of	Faith	
(Hereinafter the "Church") from	to	DATE	(Effective for one year)
This consent form gives permission to seek w Church and its staff of any liability against per			leemed necessary, and releases the
I/We the undersigned have legal custody of the him/her to attend events being organized by the ministry or athletic event, and I/we hereby release from any and all liability for any injury, loss, or my/our child's involvement. In the event that have reasonable medical treatment as deemed from a physician and/or hospital personnel deharmless of any claims, demands, or suits for acknowledge that we will be ultimately resport care not be reimbursed by the health insurance provided above is accurate at this date and we above. I/we also agree to bring my/our child have recessary by the student ministries staff memory.	the Church. I/We unlease the Church, its redamage to person ne/she is injured and necessary by a licesignated by the Cherdamages arising from the cost of the cost	nderstand to sepastors, ender or properto defended requires densed physicurch, I/we from the give of any medion, I/we affiron, I/we affiron	that there are inherent risks involved in any employees, agents, and volunteer workers by that may occur during the course of the attention of a doctor, I/we consent to risician. In the event treatment is required agree to hold such person free and ring of such consent. I/We also cal care should the cost of that medical m that the health insurance information ledge, still be in force for the student named
Parent/guardian signature:			Date: