



warsaw**community**church

Health Information and Parental Consents, School Year 2017-2018

Student Information

Name _____ Gender _____ DOB _____

School _____ Grade _____

Phone _____

Address _____

City _____ State _____ Zip _____

Primary Parent Contact Information

First name _____ Last Name _____

Relationship _____

Email _____ Preferred phone _____

Physician Information

Primary Physician _____

Phone _____

Health Information

Insurance Provider _____

Phone _____

Policy Number _____

Date of last tetanus shot/booster _____

Student wears/needs: _____ contacts _____ glasses _____ orthodontic braces

_____ orthodontic retainer _____ hearing aids _____ has Epi-pen for _____

Allergies _____ Yes _____ No If yes, provide specific

details _____

Dietary retrictions _____ Yes _____ No If yes, provide specific

details _____

Restrictions on activities _____ Yes _____ No If yes, provide specific details_____

If the student has a history of or is under care for a specific condition, please specify._____

Other information that would help us better care for your student._____

Parent/Guardian Medical Treatment Release for WCC Events and Trips

I grant permission to staff or volunteer leaders of Warsaw Community Church to seek emergency treatment for my child in the case of illness, accident or injury and grant them permission to release any information requested for the completion of medical/surgical/accident claims for my child. Such treatment may include treatment by a licenced physician, hospital, or licensed medical facility; diagnostic testing; x-rays; transportation by ambulance; anesthesia and medication. I further grant them permission to release any information about my child necessary to complete any treatment for my child's medical/surgical/accident needs. Personal information about my child shall only be disclosed for the limited purposes stated herein. Every attempt will be made to contact all designated emergency contacts before treatment is given. I agree not to hold WCC, or any adult leader thereof, liable or responsible for any accident/illness that might occur to my child while attending or travelling to and from events sponsored by WCC, or liable or responsible for the improper disclosure of my child's health information that is not caused by WCC intentional misconduct.

Parent's/Guardian's signature_____

Date_____

Consent For Adult Youth Leaders To See Health Information

I give permission to staff or volunteer leaders of WCC, who are directly responsible for my child, to see this health form in order to serve my child best. All information regarding his/her health shall be kept confidential by said leaders.

Parent's/Guardian's signature_____

Date_____

Refusal of Media Consent, if Applicable

_____ No, I **do not** give WCC my permission to use photographs or video of my child, named above, taken while involved in a ministry of the church, for publicity and/or outreach.

Conduct Covenant

My child and I agree to abide by the following **CONDUCT COVENANT** for all WCC youth group activities, events and trips:

- **Participants are expected to obey rules** given by chaperones and by hosting organization(s). Chaperones will seek for the spiritual, emotional, and physical well-being of participants.
- **Possession of drugs, alcohol, tobacco, weapons, and lewd material** (including songs/videos on personal electronic devices) is prohibited.
- **Separating from the group**, without the expressed permission of adults, is not allowed.
- **Modesty** will be maintained. Boys are not allowed in areas designated only for girls, and girls are not allowed in areas designated only for boys, unless permission and escort are given by chaperones. Boys will keep shirts on for general athletic activities, even in high temperatures. Girls will wear one-piece swimsuits or will be asked to wear shirts over their swimwear. Public displays of affection are not allowed.
- **Inappropriate language or conversations, or inappropriate images or slogans** on clothing will not be tolerated.
- **Respect will be given for property** and reputation of hosting organization and each other. Theft or vandalism is unacceptable.
- There will be absolutely **no bullying or gossip**. All students will be encouraged to seek the well-being of others during the event. Violence, threats, hate speech, profanity, and excessive complaining will not be tolerated.
- On overnights, efforts will be made to **sleep during designated sleeping times**, as well as to let others sleep.

I understand that the typical method of addressing problem behavior is for two adults to speak with the child, expecting a change in behavior. **For repeated or especially serious violations, or for serious health concerns, parents will be contacted via the contact information listed here.** If adult chaperones consider any behavior or condition to be adversely affecting the entire group's participation in the event, arrangements will be made with the parents/guardians to send the student home as soon as possible, at the parents'/guardians' expense.

Parent's/Guardian's signature_____

Date_____

Student's signature_____

Date_____