

**TCAA Student Ministry Parent/Guardian
Information and Permission Form
August 2019-August 2020
CONFIDENTIAL**

Student Information (Please print)

Name of Student _____ Date of birth __/__/__ Age ___ Sex ___
Address _____
City _____ State _____ Zip _____
Student Cell Phone # (____) _____ **August 2019 to August 2020** GRADE: _____
School: _____
Student's Email: _____

Parent and Secondary Information:

Father/Guardian Name: _____
Mother/Guardian Name: _____
Home Phone: (____) _____ Cell Phone: (____) _____
Best Email for Family Contact: _____
Secondary/Emergency Contact: _____
Phone Number: (____) _____ Relationship to Student: _____

Medical Profile

Please Attach a Copy of Insurance Card (Front and Back)

Card Holders Name: _____
Medical Insurance: _____
ID # _____ Group # _____
Student's Health is: _____ Excellent _____ Good _____ Fair _____ Poor
If Fair or Poor, please explain your condition:

List any medical difficulties that are currently being treated:

List any behavioral, mental, or emotional issues that are or have been treated by a doctor, psychologist, or counselor:

List any Allergies to medicines or substances:

List any previous operations or serious illnesses:

List any current medications and their purpose:

List any Special Diet:

Childhood Diseases: _____ Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough
Other: _____

Date of Tetanus Immunization: ____/____/____

Family Physician: _____ Phone (____) _____

Code of Conduct:

On trips, events, and activities I agree that I (if 18 or over) or my child will:

- Not possess or use alcohol, drugs, or tobacco
- Not drive other students during events or trips
- Not be transported without parent permission
- Not fight or carry weapons, fireworks, lighters, or explosives
- Not wear offensive or immodest clothing
- Not go into the opposite sex's rooms or sleeping quarters.
- Participate in group activities
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules and rules

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

Media Authorization

I give my consent and permission for the taking of photographs and/or video of my child during any event/activity of The Church At Arrowhead and waive and/or assign any and all rights (including copyright) in such media to The Church At Arrowhead. The purpose of such media is for publicity, staff training and/or promotion.

Liability Release

I do hereby release and forever discharge all pastors, employees, and volunteers of The Church At Arrowhead from any and all claims, demands, actions or cause of action; past, present, or future arising out of any damage or injury while participating in trips/events/activities from February 1, 2018, to July 31, 2018.

Emergency/Medical Authorization

I hereby give permission to medical personnel selected by The Church At Arrowhead's staff and sponsor to order X-rays, routine tests, and treatment for my student. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/ or anesthesia and/or surgery to my student.

I further authorize the release of the medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking part in recreation activities and other activities related to participation in youth functions.

Parent/Guardian Signature (witnessed by Notary):

_____ Date : _____

Notary Public:

The following to be completed by the notary witnessing parent(s)/guardian(s)' signature:

On this _____ day of _____, A.D. _____,
_____ personally appeared before me, and in my presence executed the within and foregoing permission and release form.

Witness my hand and official seal this _____ day of _____, A.D. _____.

My commission expires the _____ day of _____, A.D. _____.

Notary Public, Signature: _____.