

## On campus ministries Medical Release & Conduct Form

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy#: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_

### Medical History:

Allergic to any medications? \_\_\_\_\_

List medications currently being taken: \_\_\_\_\_

Has the student suffered from/is currently being treated for Asthma: \_\_\_\_\_

Heart Trouble: \_\_\_\_\_ Diabetes: \_\_\_\_\_ Epilepsy/Seizure Disorder: \_\_\_\_\_

Other: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Additional Information: \_\_\_\_\_

### Emergency Contact Information:

\_\_\_\_\_  
Name Phone Number

\_\_\_\_\_  
Name Phone Number

### Rules of Conduct

For your information we expect each student to conform to these rules of conduct please read them carefully:

- No possession of or use of alcohol, drugs, or tobacco, E-Cigs or Vaping
- No fighting, weapons, fireworks, lighters or explosives
- No offensive or immodest clothing
- No coupling off. No excessive PDA of any kind.
- NO PRANKS of any kind
- No foul language
- Respect the camp grounds and property and others property
- Respect one another, staff and adult leaders

- Respect and comply with all event schedules and regulations

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, the attached evaluation of my health and permission to participate in youth group activities. I agree to abide by the stated personal code of conduct.

---

Student Signature Date

Parent/Guardian Permission

In accordance with the provisions of section 25.8 of the California Civil Code, I hereby authorize \_\_\_on campus ministries \_\_\_\_\_ as agent to procure medical, hospital, surgical, or dental diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or at said hospital.

I also understand and agree that \_\_\_on campus ministries \_\_\_\_\_ shall not be liable for any damages arising from personal injury or property sustained by the above noted child. In the event of injury or illness while the child is in the care of the above named organization, I understand and agree that I am financially responsible for any medical care so procured.

I give my above noted child permission to attend.

---

Parent/Guardian Signature Date