



PEAKE YOUTH

TEEN MEDICAL RELEASE AND PERMISSION FORM

Effective dates: September 1, 2023 to August 31, 2024

NAME: _____

LAST | FIRST | MIDDLE

BIRTHDAY: _____ FEMALE MALE

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ CELL PHONE: _____

MEDICAL INSURANCE COMPANY: _____ POLICY # _____

EMERGENCY CONTACT: _____ PHONE: HOME _____

CELL: _____ PHYSICIAN: _____

OFFICE PHONE: _____

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, disability, or condition to which you are subject and of which youth ministry staff or volunteers should be aware, and what, if any action of protection is required on account thereof.

CHECK THE FOLLOWING AREAS OF CONCERN. IF NECESSARY, ADD ANOTHER PAGE WITH DETAILS:

1. IS YOUR TEEN A —

GOOD SWIMMER FAIR SWIMMER NON-SWIMMER

2. DOES YOUR TEEN HAVE ANY PHYSICAL LIMITATIONS (I.E HEARING, MOVEMENT)? PLEASE LIST/EXPLAIN

3. DOES YOUR TEEN HAVE ALLERGIES TO: (IF YES, PLEASE LIST ANY SPECIFIC DETAILS) —

POLLEN MEDICATION FOOD INSECTS

OTHER ALLERGIES OR IF ANY FOOD ALLERGIES, LIST BELOW:

4. IS YOUR TEEN CURRENTLY BEING TREATED FOR, OR HAVE THEY EVER EXPERIENCED, ANY OF THE FOLLOWING:

- ASTHMA EPILEPSY/SEIZURE DISORDER HEART TROUBLE DIABETES
- FREQUENTLY UPSET STOMACH PHYSICAL HANDICAP OTHER_____

5. PLEASE LIST AND EXPLAIN ANY MAJOR ILLNESSES YOUR TEEN MAY HAVE EXPERIENCED IN THE LAST YEAR:

6. ARE THERE OTHER LONG-TERM MEDICAL CONDITIONS THAT PEAKE YOUTH SHOULD BE AWARE OF?

7. IS YOUR TEEN CURRENTLY TAKING MEDICATION PRESCRIBED BY A PHYSICIAN?

- ARE THERE ANY SPECIFIC DOSAGE OR STORAGE INSTRUCTIONS THAT PEAKE YOUTH SHOULD BE AWARE OF?

_____ (NAME OF YOUTH) has my permission to participate in all activities sponsored by Chesapeake Church / Peake Youth (hereinafter "Peake Youth") from September 1, 2023 to August 31, 2024.

I also give my permission for my child to be transported in any church-owned vehicles, vehicles rented by the church for events or activities, or vehicles of adult volunteers of the church.

I affirm that I have legal custody of the child named above. I understand there are inherent risks involved in any event/activity and hereby release and hold harmless Peake Youth (its employees, agents, and volunteer workers) from any and all liability for any personal injury, or loss or damage to personal property, that may occur during the course of my child's involvement. In the event that my child is injured or becomes ill and requires immediate medical attention, I consent to all reasonable medical treatment as deemed necessary by a licensed physician or hospital. In the event that such medical care is required, I hereby release and hold harmless Peake Youth (its employees, agents, and volunteer workers) from any and all liability or claims arising from or caused by the provision of medical care.

I also affirm that my child is covered by health insurance, and agree that I will be responsible for the cost of any medical care not reimbursed by my health insurance provider.

If my child is not covered by health insurance, I agree to pay for all medical care expenses personally.

I also understand Peake Youth's policy regarding medications: teens are responsible for administering their own medication when on Peake Youth events such as the Camping Trip. Medications will be kept in a locked box with a key held by a youth leader at all times. Teens are responsible for obtaining their medication from the designated youth leader and taking their medication on time.

PARENT OR GUARDIAN SIGNATURE _____ **DATE** _____