

**Please print in ink**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
Last First Middle

Grade \_\_\_\_\_  Male  Female Child's Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Child's Cell Phone \_\_\_\_\_

Child lives with:  Mother and Father  Mother  Father  Guardian

Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_ Work \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

**Medical History**

Describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

**Check the following areas of concern for this child.** If necessary, add another page with details.

1. Child has allergies to:  pollens  medications  food  insect bites Explain \_\_\_\_\_

\_\_\_\_\_

2. Child suffers from, or has experienced, or is currently being treated for:  asthma  epilepsy / seizure disorder  
 heart trouble  diabetes  frequently upset stomach  physical handicap

3. Should Child's activities be restricted for any reason? Explain \_\_\_\_\_

\_\_\_\_\_

4. Does child take daily medication?  yes  no Explain \_\_\_\_\_

5. Child wears:  glasses  contact lenses

6. Additional comments \_\_\_\_\_

I have read and consent to the terms on page 2 of this form \_\_\_\_\_  
Parent/guardian signature Date

\_\_\_\_\_  
Child's signature (6th through 12th grade) Date

**For your information, we expect each child to respect these rules of conduct**

- No possession or use of alcohol, drugs, or tobacco
- No minor 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
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

**Children who fail to respect these expectations may be sent home at their parents' expense.**

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, roller blading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. *Note: If you desire to limit your child's participation in any event, notify the church office in writing prior to that event.*

The named child has my permission to attend all children/youth activities sponsored by Arlington Countryside Church (hereinafter the "Church").

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child. I/We the undersigned have legal custody of the child named above, a minor, and have given my/our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of named child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the child named above. I/We also agree to bring named child home at my/our own expense should he/she become ill or if deemed necessary by the youth pastor. This consent form also gives permission for named child to be driven by an adult to or from an activity. I/We also give permission for named child to be photographed and/or video/audio recorded while attending Church events. I/We understand that these images/recordings may be shared by the Church, used on its website, and/or used in multimedia and print productions unless I/we notify the Church office in writing.