



# ChestnutRidge

BAPTIST CHURCH

## 2021 Medical Release

### Personal Information

Student's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_

Grade: \_\_\_\_\_ Male Female Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Physician \_\_\_\_\_ Office # \_\_\_\_\_

Dentist \_\_\_\_\_ Office # \_\_\_\_\_

---

### Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, weakness, limitation, handicap, disability or condition to which your child is subject; and of which the staff should be aware. Also describe any action of protection that is required for that ailment, illness, weakness, limitation, handicap, disability or condition. 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 student. If necessary, add another page with details:

1. For your child's safety, and our knowledge, is your child a:  
good swimmer      fair swimmer      non-swimmer
2. Does your child have allergies to:  
pollen      medications      food      insect bites      other
3. Does your child suffer from, or has ever experienced, or is being treated currently for the following:  
\_ asthma      epilepsy / seizure disorder      heart condition  
\_ diabetes      physical handicap      frequently upset stomach
4. Date of last Tetanus shot: \_\_\_\_\_







**ChestnutRidge**  
BAPTIST CHURCH

## 2021 Rules of Conduct

We expect each student and student leader to conform to the following rules of conduct:

- No possession or use of alcohol, drugs, tobacco or vape paraphernalia
- No students can drive during church/youth activities without direct permission from parent/guardian
- No fighting, knives (of any kind), weapons, firearms, 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 at all times
- Respect all property
- Respect one another, staff and adult leaders
- Respect and comply with event schedules
- Phones are strictly controlled during trips and other events

**Students who fail to comply with these expectations may be/will be sent home from any church/youth event at their parent's expense. If there is reason to believe that items not allowed per these rules of conduct are in a student's bag or belongings, those items can/will be searched.**

### Student Agreement

I, \_\_\_\_\_ have read the rules of conduct and permission to participate in church/youth events and activities. I agree to abide by the stated code of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Parental Agreement

\_\_\_\_\_ has my/our permission to attend all church/youth events and activities sponsored by Chestnut Ridge Baptist Church (hereinafter the "church").

I/We understand the rules of conduct expected of my/our child while attending activities of the church. I/We understand that if my child does not adhere to these stated rules, it will be my/our responsibility to pick them up or pay for his/her return home.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_