COMMUNITY Bible Church

Form

# Youth Activity and Medical Release
# 2026-2027

The below identified student has permission to attend and participate in activities sponsored by Community Bible Church for the ministry year of **September 1, 2026–August 31, 2027**. This Activity and Medical Release form includes all Community Bible Church sponsored events, whether physically occurring on Community Bible Church property or elsewhere, during the above referenced timeframe.

## Student Information

Student's Name: _____ Birthdate: _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

## Parent/Guardian Information

Name of Parent(s)/Guardian(s): _____

Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Other Name(s) and Emergency Phone Number(s): _____

## Medical Information

*Please thoroughly complete the following information.*

List All Known Allergies Date of last tetanus shot: _____

Food: _____

Medication: _____

Environment: _____

Special Medical Conditions: _____

## Parent/Guardian Permission for Over-the-Counter Medications

*Please initial one of the following statements.*

_____ I DO NOT GIVE Community Bible Church permission to dispense over-the-counter medications to my student.

_____ I GIVE Community Bible Church permission to dispense the following over-the-counter medications (as initialed below) to my student if he/she comes to his/her leader asking for it. I designate the person chosen by Community Bible Church to supervise the activity. My student can receive the below stated Default Dosage, unless otherwise marked (Parent/Guardian Requested Dosage).

*Please complete and initial any approved over-the-counter medications that can be dispensed to your student as needed during Community Bible Church events. Any medications that are NOT initialed will not be approved to be dispensed to your student.*

| **Medication** | **Default Dosage** | **Parent/Guardian Requested Dosage** | **Initials** |
|---|---|---|---|
| Acetaminophen (Tylenol) | 500 mg X2 tab | | |
| Ibuprofen (Advil) | 200 mg X2 tab | | |
| Aspirin | 325 mg X2 tab | | |
| Pepto-Bismol<br>(for upset stomach) | 2 tablets | | |
| Benadryl<br>(for allergic reaction) | 25 mg | | |
| Imodium<br>(for diarrhea) | 2 mg | | |
| Cough Drops | As needed | | |
| Eye Drops<br>(artificial tears) | As needed | | |

## Insurance Information

Insurance Company Name: _____

Group Number: _____ Member ID/Policy Number: _____

Physician's Name: _____ Physician's Phone Number: _____

Dentist's Name: _____ Dentist's Phone Number: _____

Preferred Hospital: _____

## Release of Claims / Indemnification Provisions

If, in the discretion of Community Bible Church, my student needs emergency medical attention while attending a Community Bible Church sponsored event, I designate the person chosen by Community Bible Church as the person to select the health care provider or providers for my student, and I grant the health care provider or providers so chosen my permission to provide medical services to meet my student's needs. The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical services rendered to my student pursuant to this authorization.

Should it be necessary for my student to leave the Community Bible Church sponsored event due to medical reasons or otherwise, the undersigned shall assume all transportation costs, and Community Bible Church or its designated representative is authorized to contract for, and if necessary be reimbursed for, such transportation services at the undersigned's expense. Such transportation shall be subject to the waiver/release provisions of this agreement.

The undersigned does also hereby give permission for my student to ride in any vehicle, designated by the adult in whose care my student has been entrusted while attending and participating in activities sponsored by Community Bible Church.

I understand that there is a risk of my student being injured during a Community Bible Church sponsored event and the undersigned, for themselves and their heirs, including but not limited to the student named herein, the undersigned's successors, and assigns release and fully and forever discharge Community Bible Church and its officers, board members, agents, employees, volunteers, or others acting at its direction and agree to defend, indemnify, and hold harmless from and against any past, present, or future claim, action, demand, cause of action, or suit, of whatever nature, known or unknown, either to the undersigned or to my student, which may at any time arise or accrue as a result of my student's participation in the Community Bible Church sponsored event, except to the extent that the same is the result of gross negligence or intentional conduct, in which event any claim will be strictly limited to the person directly responsible for such conduct and shall not be made against any person or entity on the basis of the actual or alleged agency of the person directly responsible for such conduct.

I have read, understand, and agree to all the provisions set forth above.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____ Date: _____