

Poplar Springs - Medical Release

Continued

For your information, we expect each student to conform to these rules of conduct.

- No possession or use of alcohol, drugs, or tobacco.
- No students may be allowed to drive.
- No students may transport other students in their vehicles.
- No fighting, use of weapons, fireworks, lighters, or explosives.
- No offensive or immodest clothing.
- No boys in girls' sleeping quarters.
- No girls in boys' sleeping quarters.
- Participation with the group is expected.
- Respect property.
- Respect one another.
- Respect staff and adult leaders.
- Respect and comply with the event schedule.

Students who fail to comply with these expectations may be sent home at their parent's expense.

I, the student, have read the rules of conduct, the evaluation of my health, and permission to participate in student ministry activities. I agree to abide by the stated personal limitations and code of conduct.

Student Signature _____ Date _____

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 or damage of above named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Poplar Springs Baptist Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release Poplar Springs Baptist 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 my/our child's involvement. In the event that he/she is injured and requires the attention of a medical provider, I/we consent to any reasonable medical treatment as deemed necessary by a licensed medical provider. In the event treatment is required from a physician and/or medical personnel designated by Poplar Springs Baptist 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 student named above. I/We will notify Poplar Springs Baptist Church of any changes in student information, contact information, or medical history during the duration of this form. I/We also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the student ministries' staff member.

Parent(s)/Guardian Signature _____ Date _____

Valid from January 1, 2017 to December 31, 2017