

MEDICAL RELEASE & PERMISSION FORM 2025 - 2026
Monte Vista Baptist Church, 1735 Old Niles Ferry Rd., Maryville, TN. 37803

Please print clearly in ink:

T-shirt Size _____

Name: _____ Cell # _____ Birthday _____
LAST FIRST MIDDLE

Address _____ City _____ State _____ Zip _____

Email: _____ Parent Email: _____

Parent or Legal Guardian _____ Cell Phone _____

Medical insurance company _____ Policy# _____

Emergency contact _____ Home _____ Work _____ Cell _____

Emergency contact _____ Home _____ Work _____ Cell _____

Physician _____ Office phone _____

Dentist _____ Office phone _____

Medical History

NOTE: PLEASE ATTACH A COPY (BOTH SIDES) OF YOUR FAMILY'S MEDICAL INSURANCE CARD TO THIS FORM.

If necessary, 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 student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a—
 good swimmer fair swimmer non-swimmer

2. Does your child have allergies to—
 Food _____ Penicillin or Other Drugs(Name) _____
 Insect Stings/ Bites _____ Poison Sumac, Oak, Ivy _____

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma sinusitis epilepsy / seizure disorder heart trouble diabetes
 frequently upset stomach physical handicap bronchitis kidney trouble hay fever

Brief explanation of items checked above:

4. Does your child wear glasses contact lenses

5. Should your child's activities be restricted for any reason? Please explain:

Parent or Guardian: Please sign below if your student needs to be supervised in the taking of medication. I, _____, give MVBC staff or chaperones permission to administer the medication(s) listed below:
List Medication(s) and Dosage

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

- No possession or use of alcohol, drugs, tobacco, or vaping devices
- No students can drive to offsite events/activities
- 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 without an adult present
- Participation with the group and all activities is expected
- Respect all property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules
- Youth must travel in groups of 3 and an adult chaperone must know where they are at all times
- All items brought on a trip are subject to search

In the judgment of the Student Minister a Student who fails to comply with the directives of the student minister and/or volunteers may be sent home at their parents' expense.

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

Student signature: _____ Date: _____

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

NAME OF STUDENT
has my permission to attend all youth activities

sponsored by Monte Vista Baptist Church, Inc. 1735 Old Niles Ferry Road Maryville, TN 37803 (hereinafter the "Church") from July 1, 2025 to July 31, 2026.

PERMISSION FOR MEDICAL TREATMENT

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 student named above, a minor, and have given 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 and forever discharge the Church, its pastors, employees, agents, and volunteer workers from any and 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 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 and all 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 my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member. Monte Vista Baptist Church has several photographers who will take footage throughout the year to use in promotional material and on the church website. My signature below gives permission for Monte Vista Baptist Church to use my student(s)'s image(s) in future promotional materials or on their website.

Parent/guardian signature: _____ Date: _____