

BOISE BIBLE COLLEGE

EVENT MEDICAL RELEASE AND PERMISSION FORM

Event Name: BBC CONNECT 2017 MIDDLE SCHOOL CONFERENCE

Student's Name _____ Age _____ Birth Date _____
Last First MI

Year in School _____ Male _____ Female _____

Address _____ City _____ State _____ Zip _____

Home Phone (_____) _____ Cell Phone (_____) _____

Emergency Contact Person _____ Relationship _____

Emergency Contact Phone (_____) _____ Emergency Cell (_____) _____

Medical Insurance Company _____ Policy # _____

Physician _____ Office Phone (_____) _____

Mother's Name _____ Contact Number (_____) _____

Father's Name _____ Contact Number (_____) _____

Medical History

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 protections 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. Does your child have any allergies (i.e. pollens, medications, food, insect bites, etc.)? Yes No

If Yes, please describe allergy and treatment: _____

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

<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy/Seizure	<input type="checkbox"/> Vision Impairment	<input type="checkbox"/> Other
<input type="checkbox"/> Hyperactive	<input type="checkbox"/> Disorder	<input type="checkbox"/> Physical Disabilities	(Explain) _____
<input type="checkbox"/> Migraine	<input type="checkbox"/> Frequent Upset	(Explain)	_____
<input type="checkbox"/> Headaches	<input type="checkbox"/> Stomach	_____	_____
<input type="checkbox"/> Heart Trouble	<input type="checkbox"/> Bleeding Disorder	_____	_____
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Hearing Impairment	_____	_____
<input type="checkbox"/> ADD or ADHD		_____	_____

3. Date of last tetanus shot: _____

4. Medications: _____

5. Does your child wear Glasses Contact Lenses None

(Please complete the other side of this form also and sign.)

6. Each student is required to conform to the following code of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No viewing or sharing of inappropriate material
- No students can drive or operate machinery
- No fighting, dangerous pranks, weapons, fireworks, lighters, matches, or hazardous chemicals
- No offensive or immodest clothing
- No girls in boys' sleeping areas, bathrooms, or private areas
- No boys in girls' sleeping areas, bathrooms, or private areas
- This is not a time for public displays of affection between students
- Students are not to be alone with the opposite sex at anytime
- Students are not to be off campus without their sponsors' direct oversight or orchestration of alternate adult accompaniment
- Use wholesome and positive language (profanity and coarse/language is not to be used)
- Be a positive Christian role model for all others
- Participation is expected in all activities
- Respecting other's property, the property of the college, and the property of other facilities is required
- Respect and comply with event schedules and rules
- Practice good sportsmanship and have a good attitude toward all others during activities

Is the student attending willing to submit to this code of conduct while at Connect? _____Yes _____No

Student's Signature _____ Date _____

7. Students will be participating in recreational activities during the event. Therefore, it is important that students understand that they are expected to adhere to all the rules and requests while they are at the facility regarding safety and conduct.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Boise Bible College and all other organizations participating with it for this event and their respective staffs of any liability against personal losses of named student.

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 Boise Bible College with all of the organizations working with it during this event. **I/we understand that there are inherent risks involved in any event or activity, and I/we hereby release Boise Bible College and all organizations working with it during the event (their administrators, employees, agents, co-operating organizations, and volunteers) 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 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 Boise Bible College, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of care not being 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 also agree to bring my/our child home at my/our expense should he/she become ill or if deemed necessary by the college administration or staff.

Parent's/Guardian's Name _____

Parent's/Guardian's Signature _____ Date _____