

**PARENT/GUARDIAN CONSENT FORM FOR OUT OF TOWN ACTIVITIES**

I, \_\_\_\_\_, am the parent or legal guardian of \_\_\_\_\_  
(NAME OF PARENT OR GUARDIAN) (NAME OF MINOR) (hereinafter "my child")

and I am informed of the activities offered by The Youth Ministries of Bloomington Alliance, located in the City of, Bloomington, County of Chatham, and State of Georgia, beginning on the day of \_\_\_/\_\_\_/\_\_\_, and ending on the day of \_\_\_/\_\_\_/\_\_\_. As the parent or legal guardian of my child, I hereby consent for my child to attend and participate in all activities provided by \_\_\_\_\_.(Church Group Name Church, Etc.).

My permission is granted for the Youth Director or other authorized sponsor from the Youth Ministry of Bloomington Alliance, to obtain the necessary medical attention in the case of any injury or sudden illness acquired by my son/daughter whose name is listed above.

You may contact me for further medical approval at: (1) \_\_\_\_\_  
(2) \_\_\_\_\_ (3) \_\_\_\_\_

Another person who has legal authority to approve medical attention is:  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

**Additional Information:**

**My child is to be excluded** from the following activities: \_\_\_\_\_  
\_\_\_\_\_

My Child is a **GOOD** \_\_\_ **FAIR** \_\_\_ or **NON** \_\_\_ Swimmer. Wear **GLASSES** \_\_\_ **CONTACT LENSES** \_\_\_

If Needed can take: **1 or 2** **TYLENOL** \_\_\_ **ADVIL** \_\_\_ **EXCEDRIN** \_\_\_

**Special Medical Information**

Youth Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ Age \_\_\_\_\_  
Parent/Guardian \_\_\_\_\_  
Address \_\_\_\_\_  
City State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone No. \_\_\_\_\_ Work Phone No. \_\_\_\_\_

**Medical Information:** Asthma \_\_\_ Sinusitis \_\_\_ Kidney Trouble \_\_\_ Heart Trouble \_\_\_ Epilepsy/Seizure Disorder \_\_\_  
Diabetes \_\_\_ Dizziness \_\_\_ Stomach Upset \_\_\_ Motion Sickness \_\_\_ Physical Handicap \_\_\_

**Immunizations:** Tetanus \_\_\_ Polio Booster \_\_\_ Measles \_\_\_ Mumps \_\_\_ Other (please specify) \_\_\_\_\_

**Allergies/Allergic reactions of my child** (please list all types)

Food \_\_\_\_\_  
Penicillin or other drugs \_\_\_\_\_  
Insect Bites/Stings \_\_\_\_\_  
Pollens \_\_\_\_\_

**Current medicines** being taken by my child (list when taken and how much)  
\_\_\_\_\_

**Other information** regarding my child's health that a doctor should know \_\_\_\_\_  
\_\_\_\_\_

**Insurance Information**

Medical/Health Insurance Company \_\_\_\_\_  
Group Number \_\_\_\_\_ Account/ID Number \_\_\_\_\_  
Name and Address of Policy holder \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF PARENT OR GUARDIAN)

\_\_\_\_\_  
(PRINTED NAME(S))

\_\_\_\_\_  
(DATE)

**(DO NOT FORGET TO SIGN THE BACK PLEASE!!!)**

**Bloomington Alliance Church**

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**Student Code of Conduct Commitment**

**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 can drive
- No fighting, weapons (including knives), fireworks, lighters, or explosives
- No offensive or immodest clothing (including bikini's)
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

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

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

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

*I the parent/guardian, have read the rules of conduct, and understand that my child/student has signed the above statement and is willing to work within the stated code of conduct.*

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_