

Xtreme T.E.A.M.  
Medical Release & Permission Form

Please print in ink

Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthday \_\_\_\_\_  
Last First Middle

Year in school \_\_\_\_\_ Male/Female \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Mother's name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**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 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. Does your child have allergies to -  
\_\_\_\_\_ pollens \_\_\_\_\_ medications \_\_\_\_\_ food \_\_\_\_\_ insect bites
2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
\_\_\_\_\_ asthma \_\_\_\_\_ epilepsy/seizure disorder \_\_\_\_\_ heart trouble  
\_\_\_\_\_ diabetes \_\_\_\_\_ frequently upset stomach \_\_\_\_\_ physical handicap
3. Is regular medication taken: \_\_\_\_\_
4. Date of last tetanus shot: \_\_\_\_\_
5. Does your child wear: \_\_\_\_\_ glasses \_\_\_\_\_ contact lenses
6. Please list and explain any major illnesses the child experienced during the last year:

Additional Comments:

Should this child's activities be restricted for any reason? Please explain.

\_\_\_\_\_ has my permission to attend \_\_\_\_\_  
Name of student Name of event

sponsored by Xtreme T.E.A.M.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Xtreme T.E.A.M. 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 Xtreme T.E.A.M.

I/We also grant permission to use our child's picture or image in future advertisements and literature for the Xtreme T.E.A.M. and events sponsored and conducted by them.

I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Xtreme T.E.A.M., its ministers, staff, volunteer workers, and anyone working with Xtreme T.E.A.M. from any and all liability for any injury, loss, claims, suits, actions, judgments or damage to person or property that may occur, arise from or grow out of any activity during the course of my/our child's involvement in an Xtreme T.E.A.M. event.

In the event that her/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 Xtreme T.E.A.M. 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 also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the Xtreme T.E.A.M. staff member.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervision of students will be the responsibility of the church they are attending with, not the responsibility of Xtreme T.E.A.M. It is simply not possible for Xtreme T.E.A.M. to organize the event & handle supervision.

Note: If you desire to limit your child's participation in any event, please submit your wishes to the Xtreme T.E.A.M. Staff prior to that event.

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

- No possession or use of alcohol, drugs, tobacco or profanity
- No students can drive on the events
- No fighting, weapons, fireworks, lighters or explosives
- No offensive or immodest clothing
- No pairing off - All relationships must honor Christ!
- You must stay within the assigned areas at all times. Absolutely no wandering away from the group.
- 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 and may not be allowed to participate. Parents will be informed as to reason for dismissal.

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: \_\_\_\_\_

Xtreme T.E.A.M.

Phone Number: (704) 445-4358

Web Page: [www.XtremeTeamMinistries.org](http://www.XtremeTeamMinistries.org)

Email Address: [Xtstaff@XtremeTeamMinistries.org](mailto:Xtstaff@XtremeTeamMinistries.org)