



# Mountain View Presbyterian Church

2500 N. Garfield Ave. Loveland, CO 80538 (970) 663-3810

## STUDENT RELEASE FORM

**Effective June 1, 2021 through August 31, 2022**

Student's Full Name \_\_\_\_\_ Gender \_\_\_\_\_  
Address \_\_\_\_\_ Zip code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Parent/Legal Guardian's Full Name \_\_\_\_\_  
Parent E-Mail \_\_\_\_\_  
Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Parent/Legal Guardian's Full Name \_\_\_\_\_  
Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_  
Other Emergency Contact \_\_\_\_\_  
Relationship to Student \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Insurance Co. Phone # \_\_\_\_\_  
Name of Insured \_\_\_\_\_ S.S. # of Primary Insured \_\_\_\_\_  
Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
Rx ID # \_\_\_\_\_ Rx Group # \_\_\_\_\_

\*\*\*Please attach a copy of the front and back of your insurance card to this form\*\*\*

### MEDICAL HISTORY:

Please list and explain any health problems or chronic medical conditions *(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 student is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof.)* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list and explain any major illnesses the student experienced during the past year: \_\_\_\_\_  
\_\_\_\_\_

Please list medications taken regularly \_\_\_\_\_  
\_\_\_\_\_

Please list any known allergies \_\_\_\_\_  
\_\_\_\_\_

Should this student's activities be restricted for any reason? Please explain: \_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Student's Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Student's Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

Continued on Reverse



## Mountain View Presbyterian Church expects each student to conform to these rules of conduct:

No use of cell phone, iPod/mp3 player, or gaming system is allowed during student activities unless as directed by the MVPC Staff or Volunteers.

No possession or use of alcohol, illegal drugs, tobacco, marijuana or pornography

No fighting, weapons, fireworks, lighters, explosives, etc.

No offensive or immodest clothing

No boys in girls' sleeping quarters and no girls in boys' sleeping quarters during any activity or retreat

Participation with the group is expected

Respect property, facilities, and vehicles

Respect one another, staff, and adult leaders

Respect and comply with event schedules

A student who fails to comply with these expectations may be sent home at his or her parent's expense.

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\_\_\_\_\_ has my/our permission to attend all student activities sponsored by Mountain View Presbyterian Church beginning June 1, 2021 through August 31, 2022. We have completed the contact information, insurance information, and the medical history information. My student and I /we have read the above rules of conduct and understand the expectations and consequences.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Mountain View Presbyterian Church (hereinafter MVPC) and its staff of any liability against personal losses of named student. I/We the undersigned have legal custody of the student named above and have given our consent for him/her to attend events being organized by MVPC. I/We understand that my/our signature below carries with it the following:

- ✓ I/we are aware that activities include participation in sporting/recreational events. (Note if you desire to limit your student's participation in any event, please submit your wishes in writing to the MVPC Youth Director prior to that event)
- ✓ I/We give permission for the above named student to be transported to and/or from church-sponsored events and church approved meetings by: A) church provided transportation (cars, vans, buses, planes, etc) and/or B) adult driven transportation (MVPC Staff, Adult Volunteers).
- ✓ I/We understand that my/our student may have one-on-one meetings with MVPC Staff or Volunteers with prior parental verbal or written approval.
- ✓ I/We are aware that MVPC Staff and Adult Volunteers have completed a criminal background check prior to their involvement with students. MVPC invites into ministry only those adults who have had no previous convictions for sexual or physical abuse of children.
- ✓ I/We are aware that MVPC Staff and Adult Volunteers contact students outside of youth activities for ministry purposes through text message and other forms of social media (ex: Facebook, Snapchat). If you are uncomfortable with MVPC Staff or Volunteer Leaders contacting your student(s) via text or social media please contact the Student Ministries or Children's Ministries Director to discuss this further.
- ✓ I/We give permission for any video or photographs taken of the above named student to be used on the MVPC website or in any MVPC publication (audio-visual or printed) materials without compensation or approval rights.
- ✓ In the event that the above named student is injured, or should require medical or dental attention while participating in a church sponsored event, I/We hereby authorize the church representatives or sponsors of the event to secure necessary medical treatment for the above named student. I/We also acknowledge that I/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. 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 further understand that it is solely my/our responsibility to notify the MVPC staff of any changes regarding the above named student's health, medical insurance, or guardianship information.
- ✓ I/We further understand and agree that in the event that the above named student is involved in activities that violate or compromise the rules, policies, or purposes of MVPC, I/We will accept full responsibility for release of the above named student to my/our custody and care. I/We further understand that I/we will cover all financial costs if the above named student is sent home for disciplinary reasons.
- ✓ I/We have read and understand this form, and hereby state that all information is true and correct. Unless terminated in writing this release shall be effective June 1, 2021 through August 31, 2022 only.

Printed name of Parent/Legal Guardian

Signature of Parent/Legal Guardian

Date

\*\*\*\*PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD TO THIS FORM\*\*\*\*