



Medical Release Form – 2009

Child's Name _____ Grade _____ Birth Date _____

Address _____ City _____ Zip _____

Emergency Contact _____ Home Phone _____

Cell Phone _____ Work Phone _____ Other _____

Medical conditions or drug allergies _____

Family/Child's Physician _____ Phone _____

Preferred Hospital _____ Phone _____

Insurance Company _____ Group / ID _____

I _____ (parent/guardian) give permission for my child, _____ (child) to take part in all Christ Church of Plano, Inc., Children's Ministry events and activities for the 2008-2009 school year. I hereby release Christ Church of Plano, Inc. and its staff from responsibility and liability for any injury or illness that my child may sustain during these activities. In an event of an emergency, I hereby authorize the adult supervisor of this activity as agent for me to consent to any medical, dental, surgical, treatment and care deemed necessary by a licensed medical or dental professional. I consent to any x-ray examination, anesthetic, medical, dental or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician, dentist and/or surgeon licensed under the Medical Practice Act and Dental Practice Act for my child. I expect to be notified as soon as possible. I further agree to pay all charges for the medical, dental or hospital care or treatment.

Please sign in the presence of a Notary Public

Parent/Guardian printed name

Parent/Guardian signature

State of Texas
County of _____

This instrument was acknowledged before me on _____ by _____.
(Date) (Parent/Guardian printed name)

Given under my hand and seal of office this _____ day of _____, _____.
(Day) (Month) (Year)

(Personalized Seal)

Notary Public's Signature



Children's Ministry Medication Form

(Volunteer Nurse must be notified of all medication students will be taking during the weekend. The only exceptions are inhalers or Epi-pens.)

Student Name: _____

Parent Name: _____

Grade: _____ **Phone:** _____

Medication # 1:

Name & Strength (e.g., 5 mg. or 100 ml): _____

Time to be taken: _____

Dosage: (# of pills, puffs, tsp., etc.) _____

Reason for medication: _____

Side Effects of Medication: _____

Medication # 2:

Name & Strength (e.g., 5 mg. or 100 ml): _____

Time to be taken: _____

Dosage: (# of pills, puffs, tsp., etc.) _____

Reason for medication: _____

Side Effects of Medication: _____

Medication # 3:

Name & Strength (e.g., 5 mg. or 100 ml): _____

Time to be taken: _____

Dosage: (# of pills, puffs, tsp., etc.) _____

Reason for medication: _____

Side Effects of Medication: _____

My child, _____, is 16 or older and will keep his/her medication in his/her possession. Please remind him/her to take his/her medication:

___ in the morning, ___ at lunch, ___ before bed. Or: ___ s/he needs no reminder.

Anything else parents would like the chaperones to know about their child:



Code of Conduct Sky Ranch Retreat 2009

This Code of Conduct contract between the participant, their parent and Christ Church is intended to ensure a safe and fun weekend retreat at Sky Ranch.

Participant's Responsibility:

- I will show respect for the Group Leaders, and Sky Ranch staff by following directions

- I will show respect for my Study Group and "buddy" by staying together, being on time for each activity, and not disrupting others

- I will show respect for property by not taking or damaging the property of others, or property that belongs to Sky Ranch, including the natural surroundings

- I will show respect for others by not using foul, rude or derogatory language; by not engaging in unwanted physical contact or by threatening physical contact; this includes touching, hitting, or throwing objects

- I will show respect for myself and my family, by wearing modest clothing

- I am aware of the fact that I am a child of God; and I will behave as such

- I will show respect for the GAP45 program by leaving behind all electronic devices, except cells phone; and I will my cell phone (if I have one) only for appropriate phone calls

- I will consult with a Group Leader when there is a conflict I cannot resolve

Parent's Responsibility:

- I agree to review the Participant's Responsibilities with my child

- I agree to be on time to drop off and pickup my child

- I agree to pick up my child at Sky Ranch when contacted by Tom Gerthoffer

I, as a participant agree to abide by these guidelines.

_____ Signature _____ Date

I, as the parent/guardian of this participant, agree to these guidelines for my son or daughter.

_____ Signature _____ Date