



**2020**

**MEDICAL & TRANSPORTATION RELEASE FORM  
AND STUDENT EXPECTATIONS**

**IMPORTANT**

**Please read all instructions prior to completing the attached forms.**

A signed and notarized LSM Medical Release Form, for the current year, must be on file for an individual to participate in LSM events and trips.

- If participant is under 18 years old, their medical release form must be signed by a parent or legal guardian.
- The medical release form **must** be signed in the presence of a notary public, in order to be notarized. *The signer may be asked to present a current photo ID.*
- Submit a photocopy of the front and back of the participant's current insurance card.
- If participant is a student, submit an expectations form signed by both student and parent.

If you wish to have your medical release form notarized at Lynwood, please call the Church Office to schedule a time to meet with one of our notaries.

You may use the services of another notary public, if that is more convenient.

*If any of the participant's information changes, please notify the Student Ministry as soon as possible.  
If the participant receives a new or updated insurance card, please submit a copy to the Church Office.*

Questions may be directed to the Student Ministry office at 573-334-4600.

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## YEARLY MEDICAL RELEASE FORM FOR YEAR 2020

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Address: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: (M/F) \_\_\_\_\_

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

Parent/Guardian \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phones: \_\_\_\_\_

Secondary contact to notify in event of emergency: \_\_\_\_\_

Their relationship to student (or leader/volunteer) named above: \_\_\_\_\_

Their Phone Number: \_\_\_\_\_

Please supply ALL of the following information. \* **Also attach a copy of your insurance card.**

Medical Insurance Co.: \_\_\_\_\_ Group#: \_\_\_\_\_ Policy#: \_\_\_\_\_

Company's Address: \_\_\_\_\_ Company's Phone: \_\_\_\_\_

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

Family Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you had or do you currently have any of the following conditions? (Check all that apply)

|                                              |                                                 |                                    |
|----------------------------------------------|-------------------------------------------------|------------------------------------|
| <input type="checkbox"/> heart attack        | <input type="checkbox"/> chest pain/pressure    | <input type="checkbox"/> asthma    |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> stroke                 | <input type="checkbox"/> diabetes  |
| <input type="checkbox"/> seizures            | <input type="checkbox"/> back/arm/neck problems | <input type="checkbox"/> pregnancy |
| <input type="checkbox"/> major surgery       | <input type="checkbox"/> knee/ankle problems    | <input type="checkbox"/> allergies |

Please list allergies to medicines, rare blood type, wears contact lenses, etc.

\_\_\_\_\_  
\_\_\_\_\_

List ALL medication taken on a regular basis and/or any medication currently being taken. (Any medication taken on trips must be in original container with pharmacy label and name of doctor affixed.)

\_\_\_\_\_  
\_\_\_\_\_

List all operations/serious injuries and dates within the past five years:

\_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_

The Health History is correct to the best of my knowledge and the person herein described has permission to engage in all prescribed activities except as noted below.

**\*\*\*Please sign this medical form in the presence of a notary public\*\*\***

**Emergency Authorization:** I hereby give permission to medical personnel selected by the participant's sponsor/minister of Lynwood Baptist Church, Cape Girardeau, MO, to order X-rays, routine tests, and treatment for my child. In the event of an emergency and neither the secondary contact nor myself can be reached, I hereby give permission to the physician selected by the participant's sponsor/minister of Lynwood Baptist Church, Cape Girardeau, MO, to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery for my child as named above. I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release Lynwood Baptist Church, Cape Girardeau, MO, its volunteers, or employees from liability associated with participation in activities with Lynwood Baptist Church, Cape Girardeau, MO.

Further, I understand that this information will be kept on file for the current year. If any new information arises, I understand that it is the responsibility of the parent/guardian to make corrections by informing Lynwood Baptist Church, Cape Girardeau, MO.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature of Parent/Guardian (or student, if 18 or older)* *Date*

**Transportation & Photo-Video Release:** I will permit Lynwood Baptist Church to provide transportation for my child to and from student ministry events. I agree not to hold the church leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred.

Further, I understand that as a participant, my child may be photographed or videoed during student ministry events. I also understand that these photos or videos may be used in presentations and promotional materials or posted on Lynwood's Website. By signing, I allow Lynwood Baptist Church, Cape Girardeau, MO, to use these photos and/or videos. I release Lynwood Baptist Church, Cape Girardeau, MO, and all youth workers involved from any and all liability.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
*Signature of Parent/Guardian (or student, if 18 or older)* *Date*

**\*\*\*Please attach a copy of current Insurance Card\*\*\***

The State of \_\_\_\_\_ and County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me \_\_\_\_\_ (name of notary),  
a Notary Public for said state, personally appeared \_\_\_\_\_ (name of individual),  
known to me to be the person who executed the within parental release document, and acknowledged to me  
that he/she executed the same for the purposes expressed.

Notary Public, Signature \_\_\_\_\_ Date: \_\_\_\_\_  
My commission expires \_\_\_\_\_

## Expectations for Students attending Lynwood Student Ministry

1. No alcohol, tobacco, or illegal drugs of any kind.
2. No fireworks of any kind.
3. No weapons of any kind. You may bring small pocket knives.
4. Treat other students the way you want to be treated.
5. Treat all Volunteer Leaders with courtesy and respect.
6. One of the purposes of Student trips is to allow students to build relationships with one another and with the adult leaders. This cannot happen if students are connected to any device with headphones. Therefore, we ask that no headphones be brought or used during any student activity. Gaming devices and tablets are also a distraction and keep students from being engaged with others. Please do not bring these items to student activities.
7. You may bring Cell Phones on the trip but they must be used appropriately. If a student's cell phone becomes a distraction because of inappropriate use such as texting, excessive photos taking, prank calling, social media or gaming, they will be confiscated and given back at an appropriate time or at the end of the trip.
8. Obey all guidelines presented to you during the trip including curfew and off limit areas.
9. Dress in a way that will honor the opposite sex. *No skimpy clothing such as short skirts, shorts and shirts. No tight shirts, spaghetti straps or strapless tops. If going swimming, no two-piece bathing suits or one piece that look like a two-piece. Guys-No saggy pants.*
10. No type of sexual activity will be tolerated.
11. No cursing or using language that tears other students or leaders down.
12. Have a blast!

Any student who blatantly or repeatedly disobeys these expectations or participates in some other activity that is deemed unacceptable **may have privileges revoked and/or sent home at parent's or guardian's expense.** If you have questions or comments about the expectations, please contact Jeff at the Church office, 573-334-4600.

This agreement is good for the year **2020**.

I have read and agree to adhere by said expectations.

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_