RESURGENT CHURCH STUDENT MINISTRY
MEDICAL/PARENTAL CONSENT FORM

Effective Dates: January 1, 2026 to December 31, 2026

Name:_____Age_____Birthday_____
Last Middle First
Grade:_____ Male Female Email:_____
Address:_____ City:_____ State:_____ Zip:_____
Mother's Name: _____ Home phone:_____ Cell:_____ Work:_____
Father's Name:_____ Home phone:_____ Cell:_____ Work:_____
Emergency Contact:_____ Home:_____ Cell:_____

MEDICAL INFORMATION

Medical Insurance Company:_____Policy#:_____
Physician:_____ Office Phone:_____
Dentist:_____ Office Phone:_____
Medications & Dosages: _____ Self- Medicate: Yes No

History: If necessary, describe in detail the nature and severity of any physical ailment, illness, propensity, weakness, limitation, handicap, 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 to this form.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge please rate your child as a swimmer:
   good fair non-swimmer
2. Does your child wear: **glasses contact lenses**
3. 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 on additional paper.
4. Does your child have allergies to:
   pollens medications food insect bites or stings other(list)

CODE OF CONDUCT

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, fireworks, lighters, or explosives
No offensive or immodest clothing
No boys in girls' sleeping quarters and no girls in boys' sleeping quarters.
Participation with the group is expected.
Respect one another, staff, and adult leaders
Respect for property, including but not limited to hotels, church's, van's, buses, etc.
Respect and comply with event schedules.

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

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

STUDENT SIGNATURE:_____ DATE:_____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

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PUBLICITY CONSENT

On occasion, Resurgent Church takes photographs or makes an audio or videotape recording of children and/or adults involved in activities. Such photographs or video recordings may be used by staff and participants to remember the activities and participants. In addition, such photographs and audio-visual recordings may be used in other publications, social media, or advertising materials to let others know about our activities. Local news organizations may hear of our activities or events and our organization may invite or allow them to photograph and record our events.
Furthermore, I give permission for my child to be interviewed by the news media or other authorized media.

_____ _____
(Parent /Guardian Signature) (Date)

PARENTAL CONSENT

_____ has my permission to attend all kids' activities sponsored by
(Name of student)

Resurgent Church from January 1, 2026 to December 31, 2026.

This consent form gives permission to seek whatever medical attention is deemed necessary and releases Resurgent Church 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 out consent for him/her to attend events being organized by Resurgent Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We release Resurgent Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of this student's involvement. In the event that he/she is injured and requires medical attention, 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 Resurgent Church, 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 the 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 this student home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/Guardian signature:_____Date:_____

RESURGENT CHURCH
3545 US Hwy. 206 Far Hills, NJ 07931
908-928-6200