

## Code of Conduct

IN ALL MEETINGS, RETREATS, AND OTHER EVENTS UNDER THE SPONSORSHIP AND/OR GUIDANCE OF INDEPENDENT BIBLE CHURCH, I AM REPRESENTING THE CHRISTIAN COMMUNITY AND I AM RESPONSIBLE FOR MY ACTIONS. I UNDERSTAND THAT THE FOLLOWING GUIDELINES WILL BE FOLLOWED:

- THE USE OR POSSESSION OF ILLEGAL DRUGS, ALCOHOLIC BEVERAGES, AND TOBACCO ARE PROHIBITED.
- ALL CONDUCT SHALL BE IN KEEPING WITH THE HIGHEST REGARD AND RESPECT FOR ALL PERSONS.
- ALL DRESS SHALL BE IN GOOD TASTE AND IN ACCORDANCE WITH THE DRESS REQUESTED FOR THE EVENT.
- ALL INDIVIDUALS ARE EXPECTED TO PARTICIPATE IN GROUP ACTIVITIES.
- ALL PROFANITY AND SEXUALLY INAPPROPRIATE BEHAVIOR IS PROHIBITED.
- DO NOT BRING ELECTRONIC DEVICES AND/OR VALUABLES. INDEPENDENT BIBLE CHURCH AND ITS STAFF MEMBERS/VOLUNTEERS ARE NOT RESPONSIBLE FOR ANY LOST, DAMAGED OR STOLEN PROPERTY.

I, the above named student, understand the above Code of Conduct and commit to abide by it.

\_\_\_\_\_  
Student Signature/Date

**IMPACT Student Ministries**  
**Independent Bible Church**  
**2306 Hedgesville Road**  
**Martinsburg, WV 25403**  
**304.263.5167**  
**www.ibcwg.org**

## Student/Adult Information

\_\_\_\_\_  
STUDENT LAST NAME    STUDENT FIRST NAME

\_\_\_\_\_  
BIRTHDAY                      GRADE

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_  
CITY                      STATE                      ZIP

\_\_\_\_\_  
HOME PHONE                      CELL PHONE

\_\_\_\_\_  
EMAIL

\_\_\_\_\_  
MOM'S LAST NAME    MOM'S FIRST NAME

\_\_\_\_\_  
MOM'S PHONE

\_\_\_\_\_  
DAD'S LAST NAME    DAD'S FIRST NAME

\_\_\_\_\_  
DAD'S PHONE

# INDEPENDENT BIBLE CHURCH



## 2017-2018 Medical Release

**ONLY ONE APPLICATION PER PERSON.  
EACH PERSON MUST COMPLETE  
A SEPARATE APPLICATION.  
ONLY ANSWER APPLICABLE QUES-  
TIONS.  
PLEASE PRINT CLEARLY!**

**THIS APPLICATION COVERS ALL  
EVENTS YOU WILL PARTICIPATE IN  
DURING  
THE 2017-2018 YEARS.**

# Student Medical Form

FULL NAME

EMERGENCY CONTACT & PHONE #

FAMILY DOCTOR & PHONE #

DO YOU CARRY FAMILY MEDICAL OR  
HOSPITAL INSURANCE? YES/NO

CARRIER/POLICY GROUP #

ARE YOU CURRENTLY TAKING ANY MEDS?  
IF YES, PLEASE LIST:

OPERATIONS OR SERIOUS INJURIES:

CHRONIC ILLNESS OR MEDICAL CONDITION:

ACTIVITIES DISCOURAGED OR LIMITED BY DR:

DIETARY RESTRICTIONS:

ALLERGIES:

IS IT OK TO GIVE YOUR CHILD IBUPROFEN OR  
BENEDRYL IN CASE OF A HEADACHE , PAIN, OR  
ALLERGY? YES/NO

HEALTH HISTORY (CIRCLE ALL THAT APPLY):

FREQUENT EAR INFECTIONS  
HEART DEFECT/DISEASE  
CONVULSIONS/SEIZURES  
DIABETES  
BLEEDING/CLOTTING DISORDERS  
MIGRAINE HEADACHES  
MONONUCLEOSIS  
ASTHMA  
CHICKEN POX  
MEASELS  
BONE DEFECTS/BACK ISSUES

DATE OF LAST TETANUS : \_\_\_\_\_

OTHER IMPORTANT INFORMATION:

This health history is correct as far as I know, and the Participant herein described has my permission, as his or her parent/guardian, to engage in all Independent Bible Church IMPACT Student Ministries activities, unless otherwise noted. I acknowledge that participation in these activities involves risk to the Participant (and to the Participant's parents or guardians), and may result in various types of injury. In consideration for the opportunity to participate in IMPACT activities the Participant (or parent/guardian if the Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activities. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activities or during transportation to and from the activities, as well as for any medical treatment rendered to the Participant that is authorized by Independent Bible Church or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Activity Sponsor"). Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless the Activity Sponsor for any injury arising directly or indirectly out of these activities or transportation to and from the activities, whether such injury arises out of the negligence of the Activity Sponsor, the Participant, or otherwise. I hereby give permission to the medical personnel selected by the Activity Sponsor to secure and administer the treatment deemed appropriate by the aforementioned medical personnel. This form may be photocopied for additional trips. Further, I grant permission to the Activity Sponsor to take photographs/videos including the Participant for church use through various media.

**2017-2018**  
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