

# Medical Release Form & Agreement Letter

Effective dates: September 2019 through August 2020

**(FILL OUT BOTH PAGES COMPLETELY)**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Year in school: \_\_\_\_\_  Male  Female

Parents Email: \_\_\_\_\_ Students Email: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Medical insurance company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Father's name: \_\_\_\_\_ Phone: Home \_\_\_\_\_ Work \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: Home \_\_\_\_\_  
Work \_\_\_\_\_

Physician: \_\_\_\_\_ Office phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office phone: \_\_\_\_\_

## Medical History

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 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 it to this form. *Include names of medications and dosages that must be taken.*

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

- Does your child have allergies to—  pollens  medications  food  insect bites
- Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:  
 Asthma  epilepsy / seizure disorder  heart trouble  diabetes  
 frequently upset stomach  physical handicap

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the 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 our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the 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 my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, 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 the 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 this 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 my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

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Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MIDDLE SCHOOL AND HIGH SCHOOL STUDENT AGREEMENT

### Student agreement:

I, \_\_\_\_\_, agree to follow all the rules and regulations that our Middle/High School Leaders have established in class, as well as when attending any Middle/High School activities. These rules and regulations include, but are not limited to:

- ✦ Arriving and remaining drug/alcohol free throughout class/activity,
- ✦ Respecting Middle/High School Leaders and fellow classmates,
- ✦ Keeping language and behavior Christian-like,
- ✦ Remaining supervised at all times, unless dismissed by Middle/High School Leaders,
- ✦ Keeping cell phones turned off during class, and also when specified by Middle/High School Leaders at certain activities, out of respect to fellow classmates and Leaders,
- ✦ Participating with the group and complying with the event schedule
- ✦ No students are allowed to drive during an event.

I understand that by signing this agreement, I am promising to follow all of the above rules, as well as any other rules set forth by the Middle/High School Leaders at the time of the specific activity. If the Middle/High School Leaders feel that I am not following the rules set forth, then my parent(s)/guardian(s) may be notified and will then have to come pick me up from the activity (even if I have a drivers license and drove myself to the activity). I also understand that it is up the Middle/High School Leaders' discretion on whether or not my parent(s)/guardian(s) need to be notified of any behavior that is deemed inappropriate. If I am asked to leave a Middle/High School Activity, or act inappropriately at a Middle/High School Activity, I understand that this may jeopardize me being allowed to participate in any future Middle/High School Activities. Also, if I bring friends to any Middle/High School activity, I will make sure that they bring a signed copy of this agreement as well. If I do not have a copy of this agreement, I will make sure to ask a Middle/High School Leader for a copy to give to my friend that will need to be signed by the student and their parent(s)/guardian(s). I am aware that this document will be kept on file and will apply to all future Middle/High School classes/activities.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

### Parent/Guardian agreement:

I understand that my child will be expected to follow all of the rules and regulations named above and established by the Middle/High School Leaders. I also understand that if my child does not follow the rules and regulations defined by the Middle/High School Leaders, that my child may be dismissed from the class or activity. In the event that this happens, I assume responsibility for providing needed transportation by picking up my child wherever the class and/or activity is taking place at that time. I also understand that the Middle/High School Leaders will use their discretion in allowing my child to participate in future activities if he/she acts inappropriately. I am aware that if my child leaves that class and/or activity, without the Middle/High School Leaders' permission, that the Middle/High School Leaders are no longer responsible for the well-being of my child. In the event that this happens, the Middle/High School Leaders will notify me that my child has left the activity. I am also aware that this document will be kept on file and will apply to all future Middle/High School classes/activities.

\_\_\_\_\_  
Signature(s) of Parent(s)/Guardian(s)

\_\_\_\_\_  
Date

### Contact information where you can always be reached:

Parent's Cell phone #: \_\_\_\_\_

Student's cell phone #: \_\_\_\_\_