

Medical Release Form & Agreement

Effective dates: September 2022 through August 2023

(FILL OUT BOTH PAGES COMPLETELY)

Name: _____ Age: _____ Birthday: _____
LAST FIRST MIDDLE

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:

- 1. Does your child have allergies to— **pollens** **medications** **food** **insect bites**
- 2. 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.

Parent/guardian signature: _____ Date: _____

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MIDDLE SCHOOL AND HIGH SCHOOL STUDENT AGREEMENT

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 #: _____