

MEDICAL RELEASE FORM -STUDENT

District Blitz Conference, April 21-23, 2017 Because of the increasing sophistication of our hospital systems, we have found it necessary to have signed parental release forms in the unlikely event of some serious injury requiring hospital treatment. Since many hospitals will not administer any medical treatment to a minor without some parental consent this release forms gives us permission to take your child to the nearest available medical facility and have the necessary medical treatment administered.

Please read and sign the statement below. This provides permission to seek whatever medical attention may be necessary. It also releases North Central District of the Evangelical Free Church of America, CNC (Converge North Central), Trout Lake Camps and / or the church's personnel from any liability against personal injury or loss.

We understand the arrangements and believe that necessary precautions and plans for the care and supervision of the child will be taken during this conference. Beyond this, We will not hold responsible the North Central District of the Evangelical Free Church, CNC (Converge North Central), Trout Lake Camps or any of the conference staff. In case of emergency I understand that every effort will be made to contact me. If I cannot be reached, I hereby give the Student Ministries Conference leadership, staff or other emergency medical personnel the permission to act on my behalf in seeking emergency medical treatment for this child in the event that such treatment is deemed necessary by the conference or church staff. I give permission to those administering emergency medical treatment to do so using those measures deemed necessary. I absolve the North Central District of the Evangelical Free Church, CNC (Converge North Central) and Trout Lake Camps and/or church personnel from Liability in acting on my behalf in this regard so long as they are not grossly negligent.

Name of Child: _____

Signature of Parent / Guardian: _____ Date: _____

Work Phone: _____ Home Phone: _____

Insurance Company: _____ Policy Number: _____

If Parent / Guardian are not available, please call person below:

Name: _____ Phone #1: _____ Phone #2: _____

Relationship to Student _____

May we administer over-the-counter-medications? (e.g., aspirin, Tylenol, Advil, antibiotic ointments, etc.)

Yes _____ No _____

Additional comments regarding medical history, allergies, penicillin or drug reactions, use of over-the-counter- medications, etc., that may be needed in treatment:
