

**FIRST ALLIANCE CHURCH SILVER SPRING**  
**Medical Release Form – Page 1 of 2**

**STUDENT INFORMATION**

Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**MEDICAL INFORMATION**

The staff and volunteers of First Alliance Church will make every effort to provide safe conditions with adequate adult supervision. We are committed to providing a safe event in every way and in the spiritual, physical, and mental development of your student. To help us do so, please complete the following information.

**Conditions**

Please list any allergies or conditions that may be relevant to a physician in the event of an emergency (including previous injuries).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications**

Please list all prescription and OTC medication (including dosage) being taken by this student:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Limitations**

Are there any medical concerns or limitations that our group leaders should be aware of? Please explain.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medical Insurance Provider**

Company Name \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_

Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_

Date of student's last tetanus shot \_\_\_\_\_

The student named on this form is not covered by a health insurance policy.

**EMERGENCY CONTACT**

In the event that the parent(s) / legal guardian(s) listed below cannot be reached, the following person is authorized to make medical decisions on behalf of the student named on this form.

Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Home Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

**FIRST ALLIANCE CHURCH SILVER SPRING**  
**Medical Release Form – Page 2 of 2**

**AUTHORIZATION TO PROVIDE MEDICAL CARE**

In the event that (1) neither a parent/legal guardian nor the Emergency Contact identified above can be reached; or (2) immediate medical attention is necessary, I/we consent to have the First Alliance Church staff and volunteers act on my/our behalf and I/we hereby grant permission for emergency treatment to be administered until a parent/legal guardian or the Emergency Contact identified above can be reached. I/we agree to not hold First Alliance Church, or its staff/leaders, liable for decisions or any emergency medical treatment made under this authorization, for any accident or loss to the student however caused. My/our signature(s) indicates that I/we have read, and do agree to the conditions listed above, and that I/we have included any necessary information regarding the student named on this form.

**Parent / Legal Guardian 1**

**Parent / Legal Guardian 2**

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Relationship to Student \_\_\_\_\_

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

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

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

Mobile Phone \_\_\_\_\_

PLEASE READ AND INITIAL EACH OF THE FOLLOWING

\_\_\_\_\_ I/we hereby certify that the student named on this form has my/our permission to participate in \_\_\_\_\_  
LIFE 2019 with First Alliance Church.

\_\_\_\_\_ I/we hereby certify that the student named on this form is in good health and fully able to \_\_\_\_\_  
participate in all LIFE 2019 activities.

\_\_\_\_\_ I/we agree that I/we will update the church office if there are any changes in emergency \_\_\_\_\_  
contact(s) or medical conditions