

Student Ministries Medical Release Form

Student

Student Information

Name: _____ Gender: M F DOB: _____ Grade: _____ (school year _____)
Address: _____ City: _____ Zip: _____ Home Phone: _____
Email: _____ Cell Phone: _____ School: _____

Parent/Guardian Name(s)

Father: _____ Mother: _____
Address: _____ Address: _____
City: _____ Zip _____ City: _____ Zip _____
(If different from above) (If different from above)
Phone (cell): _____ (home): _____ Phone (cell): _____ (home): _____
Cell Phone Provider _____ Cell Phone Provider _____
Email: _____ Email: _____

Medical Information for Student

Doctor's Name: _____ Doctor's Phone Number: _____
Are you currently taking medicine or treatment? (Please circle) Yes No
If yes, list and explain _____
Are you restricted from sports or swimming for any reason? (Please circle) Yes No
If yes, explain _____
Date of last Tetanus Toxoid Immunization: Month _____ Year _____
Have you ever had a severe reaction to a bee/hornet sting or insect bite? (Please circle) Yes No
If yes, please explain _____
Do you have? (Please check) List any Allergies (if allergic reaction occurs, how do you treat it?)
 Seasonal Allergies Epilepsy Food _____
 Heart Disease Asthma Drugs _____
 Diabetes
Do you have other medical/dietary needs? _____

Insurance Information

Insurance Company _____ Policy Number _____ Group Number _____
If parent cannot be reached, please notify: _____ (relationship to participant) _____
Phone: _____ or _____

I give my authority and consent to First Evangelical Free Church sponsors/leadership to seek a doctor or qualified person to provide emergency medical treatment to the above named student/sponsor in the event he/she is ill or injured while participating or traveling to or from any church sponsored event/activity. I, undersigned parent/guardian of the above mentioned child who is a minor, do release, acquit, discharge and covenant to hold harmless its sponsors and representatives from any and all actions, causes of actions, damages, and/or liabilities arising from the medical treatment of any sickness or injuries from an accident incurred by my said child during this activity.

Signature of Parent/Guardian _____ Date _____

Student Ministries Participation Waiver

Disciplinary Agreement

I understand that while _____ (student name) participates in First Free Student Ministries activities, he or she is responsible to abide by the rules set forth by the leaders and supervisory personnel. Any serious infraction of these rules and/or disregard of leadership by him/her can result in dismissal from the program or event. If he/she is dismissed from the program or event, I agree to assume the cost and responsibility of him/her returning home, and of any damages which may have been caused by him/her.

Student's Signature

Parent/Guardian's Signature

Date

Participation Agreement

I acknowledge that participation involves risk to the Participant (and to the Participants parents or guardians if Participant is a minor), and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, personal injury, property damage and financial damage.

In consideration for the opportunity to participate in Student Ministries activities, the Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during Student Ministries activities or during transportation to and from as well as medical treatment rendered. Further, the Participant (or parents/guardian) releases and promises to indemnify, defend, and hold First Free Church harmless for any injury arising directly or indirectly out of the activity whether such injury arises out of the negligence of First Free Church, the Participant or otherwise.

If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process.

Signature of Parent/Guardian

Date

Over the Counter Medication Authorization

I, _____, give my permission to First Evangelical Free Church sponsors/leadership to, at their discretion, administer over the counter medication(s) as needed to my child.

Signature of Parent/Guardian

Date

Photo Release (Check one box please and sign below)

Yes, I give permission for my child's image (student name) _____ to be used on any media (digital, or film photography, video photography, audio recording or other documentation) with respect to any First Free Student Ministries event. These media sources may include the church website, Facebook, printed publications, electronic publications and display in church buildings.

No, I do not give permission for photo release.

Signature of Parent/Guardian

Date

For office use only:

If the information on this form has not changed, and you agree with all the participation information above, please sign and date below.

Signature of Parent/Guardian

Date

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