



## 2017/2018 Liability & Medical Release Form

Student's Name \_\_\_\_\_

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

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

Parents' Cell #(s) \_\_\_\_\_

Emergency Contact (Other than Parent/Guardian) \_\_\_\_\_

Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Allergies (Drugs, Food, Other) \_\_\_\_\_

Medications: \_\_\_\_\_

May we administer over the counter medication? : Yes No

### Activity Limitations/Known Health Conditions (Attach a Page)

My Student named above has permission to participate in activities with First Evangelical Free Church, Minneapolis, MN, that happen between September 1, 2017 and September 1, 2018. In the event of accident or injury, I give my approval for any emergency medical treatment. I also take full responsibility for any damages incurred by my student.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date: \_\_\_\_\_

(If Over 18 Years of Age)