

World Gospel Church Student Ministry 2017-2018 Medical and Release Form

World Gospel Church 900 Gardendale Rd Terre Haute, IN 47803

Name of Minor _____ Male/Female (circle one)
Address of Minor _____ Birth date _____
City/Zip _____ Home Phone _____ M/ D/ YR

 Yes **No** – “WGC has my permission for my student’s picture to be used in publicity of WGC Student Ministry or World Gospel Church, whether it be in physical publications or via the internet.”

As the parent or guardian, I do herewith grant permission for the pastor, staff person, acting director, or authorized adult to take whatever steps may be necessary to obtain emergency medical care if warranted. I also grant permission for treatment by a qualified and licensed medical doctor in the event of a medical emergency, which in the opinion of the attending physician may endanger the life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me. I hereby accept responsibility for any expenses related to the emergency. I hereby waive any claim against World Gospel Church (WGC) and partnering organizations and individuals involved of any liability for accidents incurred during any of the 2017-2018 student ministry activities. WGC will not be responsible for anything that may happen as a result of false information provided on this document.

Parent/Guardian Signature _____ **Date** _____

Name & Address of parent(s) or guardian(s):

1) _____ 2) _____

Cell: _____ Cell: _____ I'd like to stay informed with texts about the Student Ministry

Minor lives with Mom Dad Both other _____

Email: _____ I'd like to receive regular emails about the Student Ministry

Insurance & Medical Information:

Insurance Carrier: _____

Group: _____ Member Number: _____

Family Physician: _____ Phone: _____

Address of Physician: _____

Are there any medical concerns we should be aware of? (medications, medical/food allergies, chronic illness or other condition): Yes _____ No _____

If so, please explain: _____

Date of last Tetanus shot: _____

Other Contact in Case of Emergency:

Name: _____ Relationship: _____

Address: _____ Phone: _____