



LIABILITY, TRAVEL & MEDICAL RELEASE

(For those 18 years and under still living with parents/guardians)

GENERAL INFORMATION (Please Print)

Student's Name _____ Birth Date _____ Age _____

Address _____ Student Cell # _____

City, Zip Code _____

Parent/Legal Guardian #1 _____ Cell # _____

Parent/Legal Guardian #2 _____ Cell # _____

Primary Contact Person _____ Cell # _____

Family Physician _____ Phone # _____

Insurance Company _____ Policy # _____

OTHER EMERGENCY NUMBERS

Name	Phone	Relationship To Student

LIABILITY RELEASE AND CONSENT TO TRAVEL

I, the undersigned, being the parent or legal guardian of the student named above, do hereby consent to the participation of my student in all of the regularly scheduled activities of **Faith Youth** student ministries at Faith Church of Anderson, located at 2817 E. 53rd Street, Anderson, Indiana, 46013. This includes field trips, camps, retreats, water activities, hiking, sporting events and any other activities associated with a church group. Further, I certify that my student is physically fit and adequately trained to participate in such events.

I, the undersigned, being the parent or legal guardian of the student named above, release Faith Church of Anderson, located at 2817 E. 53rd Street, Anderson, Indiana, 46013 and its agent, assigns, employees and volunteer assistants from any liability whatsoever arising out of injury, sickness, or damage which may be sustained by said student during the course of said activity or trip.

(Parent/Guardian Signature)

(Date)

MEDICAL TREATMENT AUTHORIZATION

Student Name: _____

I understand that I will be notified in the case of a medical emergency involving my student. However, if I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services if my student is injured or becomes ill. I understand that Faith Church of Anderson will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as a parent/guardian.

I agree to notify the Church in the event of any health changes, which would restrict my student's participation in any normal **Faith Youth** student ministries activities. I also understand that adult supervisors reserve the right to restrict my son/daughter from any activity they do not feel is within the physical capabilities of my student.

(Signature of Parent/Guardian)

(Date)

Medical Questionnaire

1. Is your son/daughter presently being treated for any injury or sickness or taking any form of medication for any reason? No _____ Yes _____ (if yes, please list medication)

2. Does your son/daughter have any allergies? No _____ Yes _____ (if yes, please list)

3. Is your son/daughter allergic to any type of medication? No _____ Yes _____ (if yes, please list)

4. Are there any other medical concerns that we need to be aware of?

5. Does your son/daughter have any physical handicap or illness, which would prevent him/her from participating in normal rigorous activity? No _____ Yes _____ (if yes, please list)

6. Can your son/daughter swim without the need of assistance? No _____ Yes _____

7. Are there any other things we need to know to help keep your child safe? (mental or physical issues, behaviors, custody issues, etc.)