

Faith Reformed Church

Permission/Liability/Medical Release Form

This release pertains to Faith Reformed Church Student Ministries and is relevant for all events held on or off campus for **2019**.

Student Information:

- Student Name: _____ Birth Date: _____
- School Attending: _____ Grade: _____
- Cell Phone Number: _____
- Email: _____

Health Information:

- General good health and able to participate in all youth activities: (YES) or (NO)
- Does your child have allergies? Please list them: _____

- Medication (name & dosage) Emotional problems, chronic health problems, recent operations, injuries, illnesses, etc: _____

Parent/Guardian Information:

- Names of Parents/Guardians: _____
- Home Address: _____

- Home Phone: (_____) _____ - _____
- Cell Phone: (_____) _____ - _____ (Whose phone is this? _____)
- Cell Phone: (_____) _____ - _____ (Whose phone is this? _____)
- Email (s): _____

Insurance and Medical Information:

- Family Health Insurance Company: _____
- Policy #: _____
- Student's Doctor: _____
- Doctor's Phone #: _____

I understand that, in spite of the best and focused efforts of the volunteer adult chaperones and staff to provide a safe and healthy environment for my child, circumstances may arise leading to unintentional injury or losses on the part of my child. I release Faith Reformed Church and their agents from all claims and expenses arising out of, or resulting from, my child's participation. In signing below: I certify that this information is correct. I give permission for the use of photographs that may include my child in church publicity. I also give permission for my child to be transported in privately owned vehicles or public transportation for approved-at-church or away-from-church activities. In case of emergency I understand that every effort will be made to contact the parent/guardian of the child. In the event that I cannot be reached, I hereby give permission to the physician selected by the adult leader to hospitalize, secure proper treatment, order injections, anesthesia, or surgery for my named child and for the release of medical records in case of injury, as deemed necessary. I hereby release Faith Reformed Church, its staff, church members and other representatives from the responsibility of any injury incurred to me or my child while involved with or while being transported to and from activities.

Parent/Guardian Signature: _____ Date: _____