

**12:29 YOUTH
MINISTRIES**
MEDICAL WAIVER

Please fill out all of the information below in blue or black ink only.

FIRST NAME: _____ MIDDLE: _____ LAST: _____
BIRTH DATE: _____ AGE: _____ SS # _____

ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____

PHONE NUMBER: (____) _____ - _____

PARENT(S)/LEGAL GUARDIAN'S NAME: _____
PARENT(S)/LEGAL GUARDIAN'S WORK NUMBER (____) _____ - _____

EMERGENCY CONTACT: _____
RELATION TO STUDENT: _____
EMERGENCY CONTACT NUMBER: (____) _____ - _____

INSURANCE CARRIER: _____
POLICY AND GROUP NUMBERS: _____

KNOWN MEDICAL PROBLEMS: _____
MEDICATIONS: _____
DRUG ALLERGIES: _____
DATE OF LAST TETANUS SHOT: _____

FAMILY DOCTOR'S NAME: _____
FAMILY DOCTOR'S PHONE NUMBER: (____) _____ - _____

BY SIGNING AND DATING THIS DOCUMENT I HEREBY GIVE PERMISSION TO PASTOR BRAD AND OR ANY STAFF MEMBER OR VOLUNTEER OF THE 12:29 YOUTH MINISTRIES AND THE SHIPPENSBURG FIRST CHURCH OF GOD TO TAKE THE MEANS NECESSARY IN THE CASE OF AN EMERGENCY INVOLVING MY SON OR DAUGHTER TO HELP THEM AND MAKE THE CONTACTS NECESSARY. I WILL ALSO NOT HOLD THE 12:29 YOUTH MINISTRIES, PASTOR BRAD, THE SHIPPENSBURG FIRST CHURCH OF GOD, OR ANY VOLUNTEER OR THE OWNER OF THE PROPERTY ON WHICH THE EVENT TAKES PLACE RESPONSIBLE IN THE EVENT OF AN ACCIDENTAL EMERGENCY OR DEATH. I ALSO UNDERSTAND THAT MY CHILD MAY NEED TO RIDE IN THE CHURCH VAN OR VOLUNTEER'S VEHICLE.

SIGNATURE OF STUDENT: _____ DATE: _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____
DATE: _____