



## Student Ministry Medical Release 2018

### Parent/Guardian Information

_____		_____	_____
Name of Father/Mother		Medical Insurance Company	Policy Number
_____		_____	_____
Address		Mom Cell Phone	Home Phone
_____	_____	_____	_____
City	State	ZIP	Dad Cell Phone

In case the Parent/Guardian cannot be reached during an emergency, an alternate contact is:

_____	_____	_____	_____	_____
Name	Relationship	Home Phone	Cell Phone	Work Phone

### Student(s) Information *(Please provide information for additional students on back of form)*

_____	_____	_____	_____	_____
Name (First, Middle, Last)	Phone (if applicable)	Grade	Birthdate	Facebook Y/N
_____	_____	_____		
E-mail	Allergies (Foods or Medicines)	Special medical conditions or regular medicines		

### **Parent/Guardian Agreement**

I, the undersigned parent/guardian of the student(s) listed on this form, grant permission for participation in the various outings and events sponsored or attended by Emmanuel Bible Fellowship Student Ministry Department. As parent/guardian, I have been advised of the nature and extent of the activities that may take place and represent to you that the student(s) is(are) physically and mentally able to participate in those activities.

As parent/guardian, I understand that this activity, as in any activity for young people, does present the risk of injury or even death, and I have advised the student(s) of those possibilities. I represent to you that the student(s) and I assume the risk of any such injury or death, and hold you, your agents, employees, and representatives harmless from any liability to any other person or entity arising as a result of the conduct of the student(s) in this activity, and agree to defend and indemnify you, your agents, employees, and representatives against any claim or liability arising as a result of such contact. If I, as parent/guardian, am not personally present at these activities and so am not able to be consulted in a medical emergency, you are authorized on my behalf to arrange for medical and/or hospital treatment as you may deem advisable for the health and well-being of the student(s). In the event medical expenses are incurred, I accept my medical policy (listed above) has primary coverage, and the church's policy is secondary.

I understand activities could include both passive and active sports and games, including snow tubing, swimming, relays, soccer, tag, sleepovers, tug of war, group relays, water wars, waterslides, volleyball, dodge-ball, basketball, softball, baseball, football, roller-skating, skateboarding, bridge jumping, white-water rafting, hiking, caving, Wild Waves water park, inner-tubing, snow-mobiling, retreats, camps, mission trips, road trips or similar activities. This contract applies to ministry year 2018.

➤ I authorize the use of photographed images of my child(ren) in print, electronic, or video format. (Circle **NO** if permission **not** granted)

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Information for Additional Student(s):

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Name (First, Middle, Last)	Phone (if applicable)	Grade	Birthdate	Facebook Y/N
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E-mail	Allergies (Foods or Medicines)	Special medical conditions or regular medicines
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Name (First, Middle, Last)	Phone (if applicable)	Grade	Birthdate	Facebook Y/N
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E-mail	Allergies (Foods or Medicines)	Special medical conditions or regular medicines
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Name (First, Middle, Last)	Phone (if applicable)	Grade	Birthdate	Facebook Y/N
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E-mail	Allergies (Foods or Medicines)	Special medical conditions or regular medicines
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Name (First, Middle, Last)	Phone (if applicable)	Grade	Birthdate	Facebook Y/N
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E-mail	Allergies (Foods or Medicines)	Special medical conditions or regular medicines
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