



Student Ministry Medical Release 2019

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 2019.

➤ 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):

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

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

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

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