



Student Ministry Medical Release 2026

Adult/Parent-Guardian Information

_____ Name			_____ Home Phone		_____ Medical Ins. Co.	
_____ Address			_____ Cell Phone		_____ Policy Number	
_____ City	_____ State	_____ ZIP	_____ Work Phone			

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

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

Adult/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 2026.

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		

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