office use only (check #___________ cash________ amount_________)

STUDENT APPLICATION FOR Re:lease 201 : June 2 -June

Student's Name:____ Gender: Male Female (circle one)

Student's Address: ____

Student's Phone number(s): Home____________________________ Cell _________________________________

Email address:____ Student's or parent's? (circle one)

Student's age: _________Grade going into__________ Church: ____

Is a parent or leader attending **Re:lease** 2018 with you and if so, who?______________________________________

I understand that every day of this mission trip is important, and I commit to be present each day unless illness or emergency prevents me from doing so.

Student signature____

Residential Parent or Guardian:

Mother: ____________________________________ Father: ____

Address: (if different from above) ____

I can be reached at the following phone number(s): Home_____________________Cell_________________________

GENERAL HEALTH INFORMATION FOR MY CHILD

Allergies or illnesses: ____

Wearing glasses? ________ Contact Lenses? ________Approximate time of last tetanus injection:___________________

Insurance Company:____ Policy #:________________________

To the best of my knowledge, the above health information is correct and the above named person has my permission to engage in all activities unless otherwise stated. In the event of an emergency during which I cannot be reached, I hereby give permission to the physician selected by the event director to secure proper treatment for my child.

I hereby express my desire and permission for my son/daughter to participate in the **Re:lease** 2018 youth mission event.

Parent signature____Date______________________

Please mail this form to: LEROY COMMUNITY CHAPEL 12920 SR 86, Painesville, OH 44077 440/254-4747

*Please remit $65 for the 1st and 2nd students and $45 for the 3rd student and $0 for additional students in the same family to be received no later than June 13

*Please remit $90 for each student if paperwork will be received after June 13

(Please complete this portion of the form ONLY if your student will be taking medication during **Re:lease**.)

PARENT'S REQUEST FOR THE ADMINISTRATION OF MEDICATION BY STAFF PERSONNEL

I hereby authorize, request, and give my consent to the Leroy Community Chapel or other responsible person, to store, supervise, and/or administer the following medication to my child.

Name of Child: ____

Prescribed Medication (Doctor's written note attached) ____

Non-Prescribed Medication ____

Name of medication, dosage and route of administration:____

____

____

Time of day to be administered: ____

Date to begin medication: ____

Date to complete medication: ____

Please regard my signature below as my assurance that I release Leroy Community Chapel and Medical Staff from any liability or damages resulting from the consequences of or adverse reaction of my child's taking or failing to take this medication at the times prescribed. I also agree to keep the church informed in writing of any revision in the physician's prescription. I have had the opportunity to ask any questions. They have been fully answered to my satisfaction.

____

Parent or Guardian Signature Date