



# LEROY COMMUNITY CHAPEL

## STUDENT RELEASE FORM

### 2017 - 18 MINISTRY YEAR

Student's First Name		Student's Last Name	
Home Street Address			
Home City, State, & ZIP Code		Student's Grade (in Fall '17)	Gender <input type="checkbox"/> <b>M</b> <input type="checkbox"/> <b>F</b>
Student's Home Phone #		Student's Cell Phone #	
Student's E-mail Address			Birthday (MM/DD/YY)
Mother's First Name		Mother's Last Name	
Mother's Cell Phone #		Mother's Work Phone #	
Mother's E-mail Address			
Father's First Name		Father's Last Name	
Father's Cell Phone #		Father's Work Phone #	
Father's E-mail Address			
Emergency Contact Name & Phone # (Only used when both parents are unreachable)			
Allergies / Dietary Restrictions		Medications	
Medical Conditions		Eye Correction <input type="checkbox"/> <b>Glasses</b> <input type="checkbox"/> <b>Contacts</b>	Date of Last Tetanus Shot
Insurance Company		Insurance Policy #	
Release Preference (Kingdom Kids Only) <input type="checkbox"/> <b>Pick Up at Cornerstone</b> <input type="checkbox"/> <b>Walk to Chapel</b>		Release Preference (90@9 Only) <input type="checkbox"/> <b>Pick Up at Center</b> <input type="checkbox"/> <b>Chapel Drop-Off</b> <input type="checkbox"/> <b>Drive Self</b>	
Release Preference (Children's Church Only) <input type="checkbox"/> <b>Pick Up from Classroom</b> <input type="checkbox"/> <b>Released After Service</b>			

## Release Statement

As a parent or legal guardian of a student involved in the ministry of Leroy Community Chapel, I authorize and give permission for my student to participate in any activity sponsored by LCC. I furthermore allow images of my student to be used in any publications of LCC. I acknowledge that the above health information is correct and the above named student has my permission to engage in all activities unless otherwise stated. In the event of an emergency and I cannot be reached, I give permission for any qualified and licensed medical doctor or other appropriate medical professional, as selected by a ministry leader, in the event of a medical emergency to administer treatment as the attending medical professional deems necessary in the event of any life endangerment, partial or permanent physical impairment, or other unforeseen medical emergency. I understand that neither LCC nor any of its agents are responsible for any injury sustained by my student. I accept total responsibility for any medical expenses that may occur in the event of an injury or medical emergency.

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## Medication Release Statement and Info

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 student. Please regard my signature below as my assurance that I release LCC and any involved medical staff from any liability or damages resulting from the consequences of or adverse reaction of our student'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.

Prescribed Medication		Non-Prescription Medication	
Dosages		Doctor's Note Attached? <input type="checkbox"/> Y <input type="checkbox"/> N	
Route of Administration	Time of Day (to administer)	Date to Begin	Date to Complete

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## Basic Guidelines for LCC Student Ministries

As a student I agree to abide by the following basic rules of LCC student ministry; as a parent or legal guardian I agree to encourage my student to do the following: I agree to do my best to follow the golden rule of treating others only as I would have them treat me. I agree to not bring any illicit or illegal drugs or substances, weapons, or explosive materials to any event, meeting, or gathering of LCC or its student ministry. I agree to live above reproach in my interactions with the opposite gender and will comply with any direction given me by a leader of LCC in regards to my interaction with others. I agree to obey the leadership that God has set over me through the authority of LCC in complying with whatever any leader requires of me without complaining as long as it is not sinful. I agree to do honor to God with how I dress and will comply with any attire guidelines given to me by a leader of LCC. I agree to not perform any pranks or damage any property that does not belong to me as long as I am involved in any ministry or event that LCC sponsors. I agree that I will try my best to make every interaction with other students and leaders as enjoyable an experience as possible. I, lastly, agree to enjoy myself as much as I possibly can as I seek to worship God and enjoy Him through the ministry of LCC.

Signature of Parent or Legal Guardian	Date
Signature of Student	Date

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