

**Linwood Covenant Church Youth Ministries
Liability Waiver and Authorization for Medical Treatment
All Events 2019 & 2020**

Student Information *(Please print)*

Name _____ Grade _____ Sex _____ Age _____ Birth Date _____

Youth's Street Address _____

City / State / Zip Code _____ Phone _____

Parent / Guardian Information

Mother's Name _____ Phone (home) _____
(work) _____

Father's Name _____ Phone (home) _____
(work) _____

If parents or guardian cannot be reached, other person to notify in case of an emergency:

Name _____ Relationship _____

Phone (home) _____ Phone (work) _____

Medical Insurance Information

Medical Plan / Insurance Company: _____

Policy Card Information: _____

Other Information: _____

Health Background Information: *(use additional sheet to provide further information if needed)*

Special Medical Conditions: _____

Date of last Tetanus Shot:
Operations or Serious Illness
Date: _____ Type: _____

Medication (presently taking): _____

Special instructions for medication: _____

Any restricted activity for your student? Yes _____ No _____

If yes, please specify: _____

I give my child(ren) my permission to attend Linwood Covenant's Youth Ministry events and to be transported in a vehicle owned and operated by Linwood Covenant Church, or an adult leader's personal vehicle.

I release from liability and responsibility, LCC and the adult leaders, except in the case of gross negligence.

Parent Signature

Date
