



# Vineyard Student Ministries

## MEDICAL RELEASE/PERMISSION FORM

**In order that we may have a thorough picture of your student's medial history, and to help us serve your student in the case of an emergency, we ask that you complete the following form.**

I hereby give my permission for my student to participate in Vineyard Student Ministries activities, including transportation as required. This form is for the program period beginning January 1, 2019 and ending December 31, 2019.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent / Guardian's Name \_\_\_\_\_

Parent / Guardian's Address \_\_\_\_\_

Parent / Guardian's email address \_\_\_\_\_

Father's home phone \_\_\_\_\_ Father's cell phone \_\_\_\_\_

Mother's home phone \_\_\_\_\_ Mother's cell phone \_\_\_\_\_

Emergency phone \_\_\_\_\_ Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Name of insurance carrier \_\_\_\_\_ Name on policy \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

Any drug/food allergies \_\_\_\_\_ Last tetanus shot \_\_\_\_\_

Recent illness/operation info \_\_\_\_\_

Medication presently taking \_\_\_\_\_

Any other important information that we should know: (use back if necessary)

\_\_\_\_\_

In the event of an emergency, I understand that every effort will be made to contact me. If I cannot be contacted, I hereby authorize Vineyard Student Ministries Leaders to secure the services of a physician and/or dentist who may hospitalize, secure proper treatment for, use ambulance, and order injection, anesthesia, or surgery for the above-named minor. It is understood that this authorization is given in advance of any emergency situation, but is given to provide the authority and power to Vineyard Student Ministries Leaders to give specific consent to any and all such diagnosis, treatment or hospital care that may become necessary. Please note: the parent or guardian of the student participant will be responsible for any accident or injury resulting in the need for medical services. I understand that failing to disclose any medical conditions may result in the inability of Vineyard Student Ministries leaders to serve my student.

SIGNATURE OF PARENT/GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_



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