Medical Release Form & Agreement Letter

Effective dates: September 2015 through August 2016 (FILL OUT ALL THREE PAGES COMPLETELY)

| Name:LAST FIRST MIDDLE | | Age: | Birthday: |
|---|--|---|-------------------------------|
| LAST FIRST MIDDLE Year in school: | | | Male |
| Parents Email: | Students Email: | | |
| Address: City: Zip: | | State: | |
| Home Phone: | | | |
| Medical insurance company: | Pol | icy #: | |
| Mother's name: | Phone: Home_ | | Work |
| Father's name: | Phone: Home | | _ Work |
| Emergency Contact: Work | _ Phone: Home_ | | _ |
| Physician: | Office phon | e: | |
| Dentist: | Office phone: | | |
| Medical History | | | |
| If necessary, describe in detail the nature and severity weakness, limitation, handicap, disability, or condition aware, and what, if any action of protection is required to this form. <i>Include names of medications and dosage</i> | to which your child on account thereo | is subject and of w f. Submit this notific | hich the staff should be |
| Check the following areas of concern for this stude | ent. If necessary, a | dd another page w | ith details: |
| Does your child have allergies to— □ pollens | ■ medications | ☐ food | ☐ insect bites |
| 2. Does your child suffer from, or has ever experienced Asthma epilepsy / seizure d | | d currently for any heart trouble | of the following: ☐ diabetes |
| ☐ frequently upset stomach | ı | physical handi | сар |
| This concept form gives permission to each whatever | anndinal attantian in | doomed necessar | . and releases the Church |

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

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|---|--|--|
| Parent/guardian signature: | Date: | |
| | | |
| MIDDLE SCHOOL AND HIGH SCHOOL | OL STUDENT AGREEMENT | |
| | | |
| Student agreement: | | |
| I,, agree to follow all the rules and reguestablished in class, as well as when attending any Middle/High Sare not limited to: | | |
| ⊕ Arriving and remaining drug/alcohol free throughout class ⊕ Respecting Middle/High School Leaders and fellow class ⊕ Keeping language and behavior Christian-like, | | |
| Remaining supervised at all times, unless dismissed by M Keeping cell phones turned off during class, and also whe activities, out of respect to fellow classmates and Leaders Participating with the group and complying with the event No students are allowed to drive during an event. | en specified by Middle/High School Leaders at certain s, | |
| I understand that by signing this agreement, I am promising to foll forth by the Middle/High School Leaders at the time of the specific am not following the rules set forth, then my parent(s)/guardian(s) from the activity (even if I have a drivers license and drove myself Middle/High School Leaders' discretion on whether or not my pare that is deemed inappropriate. If I am asked to leave a Middle/High School Activity, I understand that this may jeopardize me being al Activities. Also, if I bring friends to any Middle/High School activity agreement as well. If I do not have a copy of this agreement, I will copy to give to my friend that will need to be signed by the studen document will be kept on file and will apply to all future Middle/High | c activity. If the Middle/High School Leaders feel that I may be notified and will then have to come pick me up to the activity). I also understand that it is up the ent(s)/guardian(s) need to be notified of any behavior a School Activity, or act inappropriately at a Middle/High lowed to participate in any future Middle/High School v, I will make sure that they bring a signed copy of this make sure to ask a Middle/High School Leader for a t and their parent(s)/guardian(s). I am aware that this | |
| Signature of Student | Date | |
| Parent/Guardian agreement: I understand that my child will be expected to follow all of the rule: Middle/High School Leaders. I also understand that if my child do: Middle/High School Leaders, that my child may be dismissed from assume responsibility for providing needed transportation by pickitaking place at that time. I also understand that the Middle/High Schild to participate in future activities if he/she acts inappropriately activity, without the Middle/High School Leaders' permission, that responsible for the well-being of my child. In the event that this has that my child has left the activity. I am also aware that this docume Middle/High School classes/activities. | es not follow the rules and regulations defined by the name the class or activity. In the event that this happens, I ng up my child wherever the class and/or activity is chool Leaders will use their discretion in allowing my v. I am aware that if my child leaves that class and/or the Middle/High School Leaders are no longer uppens, the Middle/High School Leaders will notify me | |

Signature(s) of Parent(s)/Guardian(s)

Date

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| Parent's Cell phone #: | Student's cell phone #: |
|------------------------|-------------------------|

Contact information where you can always be reached: