

Alma First Church of God

MEDICAL RELEASE FORM

September 2016 through August 2017

STUDENT INFORMATION:

Student's full name _____

Address _____ City _____ State _____

Phone _____

Birth date _____

EMERGENCY CONTACT INFORMATION:

In case of emergency, contact:

Name _____ Day phone _____

(parent/legal guardian) Evening phone _____

MEDICAL INSURANCE INFORMATION:

Insurance Co. _____

Ins. Co. Address & Phone _____

Policy No. _____ Other Information _____

LIST ALL ALLERGIES YOUR CHILD HAS AS WELL AS ANY OTHER INFORMATION THAT A DOCTOR MIGHT NEED TO TREAT YOUR CHILD:

Please indicate any SPECIAL DIETARY NEEDS/RESTRICTIONS:

Name and number of your family doctor: _____

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. In the event of a situation (emergency or non-emergency) in which medical treatment is required while the above named person is participating with the Alma First Church of God, every effort will be made to contact the person or persons listed above. If attempts to contact these persons are unsuccessful, consent/permission is hereby given for treatment by those adults who have access to this form, or to other competent medical personnel.

(please SIGN THE BACK of this form)

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.

Parent/Legal Guardian Signature: _____ Date _____

****IF NEEDED, MAY WE ADMINISTER TYLENOL OR IBUPROFEN TO YOUR TEEN? _____**