

# Medical Release

## Student Information:

Circle One:      Male      Female

Name: \_\_\_\_\_ Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Email: \_\_\_\_\_ Student Cell Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_

Father: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Primary Phone: \_\_\_\_\_ Secondary: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Primary Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

## Is there Anything we should be aware of?

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

**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.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Photo Release

I, \_\_\_\_\_, give permission to allow pictures of my child, \_\_\_\_\_, to be published on church related materials and websites. I also give permission for my child to attend all youth activities.

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to a leader prior to that event.

For your information, we expect each student to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No boys in girls' sleeping quarters and no girls in boys' sleeping quarters
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home at their parents' expense.

I hereby grant Prairie Edge Church and its staff permission to publish photos or videos of my children on the church website or related websites, including, but not limited to, the Youth Ministry Instagram and Facebook accounts.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_