

SALEM ROAD COVENANT CHURCH STUDENT MEDICAL RELEASE & PERMISSION FORM

Effective dates: January 1, 2019 through December 31, 2019

Name: _____ Age _____ Birth date _____
 LAST FIRST MIDDLE

Grade in school _____ Male Female Email _____

Address _____ City _____ State _____ Zip _____

Phone _____ Other numbers _____

Medical insurance company _____ Policy # _____

Parent/guardian name _____ Phone: Home &/or cell _____

Parent/guardian name _____ Phone: Home &/or cell _____

Emergency contact _____ Phone: Home &/or cell _____

MEDICAL HISTORY:

1. Please list any allergies:

2. Date of last tetanus shot:

3. Is your student taking any medications or have any medical or physical condition? No Yes. Please list on back >

4. Please list and explain any major illnesses your student experienced during the last year:

Additional comments: Should this student's activities be restricted for any reason? No Yes, and please explain:

(name of student) : _____ has my permission to attend all youth activities sponsored by
SALEM ROAD COVENANT CHURCH (hereinafter 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 Salem Road Covenant 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 I/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. I/we will allow the staff and volunteers to use the child's image for website and publication purposes.

Parent/guardian signature: _____ Date: _____