FCC Student Ministries

FCC Student Ministries Medical Release Form

_____
(Student's Name)

_____
(Today's Date)

Grade: 5 6 7 8 9 10 11 12
(Circle One)

In case of an emergency, I(we) hereby give permission for my child _____ to be treated by the physician or hospital selected by any of the adult sponsors accompanying this activity.

In consideration of my child being allowed to participate in activities sponsored by First Church of Christ, I(we), do for myself(ourselves) and for an on behalf of my child-participant, do hereby release, forever discharge and agree to hold harmless First Church of Christ in Bryan, OH and its employees, officers, directors, trustees, members, agents, elders, staff, trip sponsors, vehicle owners, and vehicle drivers from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may by incurred by the undersigned and the child-participant that occur while said child is participating in an activity sponsored by First Church of Christ.

I(we) understand that many of the activities will be physical in nature, will include travel and I(we) on behalf of my(our) child-participant hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in all activities involved therein.

I(we) further hereby agree to hold harmless and indemnity First Church of Christ, its elders, employees, officers, directors, trustees, members, staff, agents, (including trip sponsors and vehicle owners/drivers) for any liability sustained by First Church of Christ as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred by attendant thereto.

I(we) am the parent(s) or legal guardian(s) of this participant, and hereby grant my(our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and we assume the responsibility of all medical bills if any.

_____ _____
(Father or Male Guardian) ***(Mother or Female Guardian)***

Authorized signature(s) of parent(s)/guardian(s)

OVER

Name of Child: _____

Father's Name: _____

Mother's Name: _____

Child's Birthday: _____

Primary Home Address: _____ Apt. No.: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Father's Address ***Mother's Address*** ***Both***

(Circle One)

(If parents together, leave this blank)
Secondary Home Address: _____ Apt. No.: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Father's Address ***Mother's Address*** ***Both***

(Circle One)

Medical Insurance Company: _____

Medical Insurance Group: _____

Medical Insurance Policy Number: _____

Known Allergies: _____

Emergency Contact (In case you cannot be reached)

Name: _____ Phone Number: _____

Relationship: _____

**********Please attach a copy of your medical insurance card**********