



Faith Student Ministries

Event Permission, Release and Consent Form

STUDENT INFORMATION

Student Name: _____ Age: _____ Birth Date: _____
 Address: _____
 Home Phone: _____ Student Cell Phone: _____
 Mother: _____ Work Phone: _____ Cell: _____
 Father: _____ Work Phone: _____ Cell: _____
 Guardian: _____ Work Phone: _____ Cell: _____

MEDICAL INFORMATION

Medical Insurance Company: _____ Policy #: _____

Check the following areas of concern for this student. If necessary, add another page with details:

- For your child's safety and our knowledge, is your student a:
 - Good swimmer Fair swimmer non-swimmer
- Does your child have any allergies (i.e. pollens, medications, food, insect bites)? Yes No
 If Yes, please describe allergy and treatment: _____
- Has your child ever experienced any of the following:
 - Asthma Epilepsy / seizure disorder Heart trouble Diabetes Physical Handicap
- Should this child's activities be restricted for any reason? Yes No
 If Yes, Please explain: _____

Current Medications	Dosage	Frequency	Reason

ACKNOWLEDGEMENT OF RISK, MEDICAL AND MEDIA RELEASE

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, 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 activity or event, please submit your wishes in writing below.

My Child is limited from the following activities & events:

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 the activity and event (except those noted above) being organized by Faith Evangelical Free Church (hereinafter 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.

I authorize the Church to use photos or videos taken of my child at Church events for documentary, legal, and promotional purposes, including posting on the internet.

Parent/guardian's name (printed): _____

Parent/guardian signature: _____ Date: _____