

**2018 Thornapple Student Ministry
Medical Release Form**

Please read carefully and complete (to be filled out each calendar year)

Name _____ Age _____ Grade _____ Gender _____

Full Address _____

Date of Birth: ____/____/____ Home Number: ____/____/____

Parent's Name _____ Parent's Cell Phone _____

In the event of an emergency give the name and phone number of a relative or friend we can contact, who will know how to locate your parents or legal guardian.

Name _____

Phone Number _____

Relation _____

Indicate the date of this child's last tetanus shot _____

Are there any activities, such as strenuous activities, to be restricted for this child? _____

If so, describe: _____

Describe any dietary restrictions that this child is required to observe _____

Liability Release

As the parent or guardian, I authorize the Thornapple Student Ministry representative to make legal decisions, medical decisions, or otherwise, concerning said minor during all student ministry trips and retreats during the year as stated above. As parent or guardian, I have carefully provided the information below and have given my permission for my student to go. I understand my child will be subject to all rules, regulations, and policies as outlined by the church and student ministry; and if the leadership finds it necessary, for behavior or attitude, may send my young person home at my expense or I will come pick up my student immediately upon notification. I will have or will review the material available to me from the student ministry office or church website. I will review with my child this information to make sure he/she is fully aware of the consequences for failure to follow directions. I understand that if inappropriate substances are suspected, my student will be subject to a personal property search for such substances with the appropriate student ministry leaders present. I also give permission for said minor to be included in social media posts as well as photos from the trips to be used as at the student ministry's discretion.

Medical Release

I further understand that, in the event my child requires medical or dental treatment while engaged in the activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry leaders acting on behalf of the ministry, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital.

To the best of my knowledge, I have listed below all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

(Parent or Legal guardian Signature) (Date)

Participant's Physician _____

Physician's Phone _____ Hospital Insurance? Yes _____ No _____

Insurance Co. _____ Policy Number _____

Currently taking medication (list all, even vitamins) _____

Allergic to: _____