

Student Ministries
Medical Release Form
(please print)

Name of Student _____ **Date of Birth** _____
Address _____ **Age** _____
Town _____ **State** _____ **Zip** _____
Phone Number (____) _____ **Sex** _____ **Height** _____
Weight _____ **Social Security Number** _____

Emergency Contact Person:

Parent/Guardian Name _____
Address *(if different from servant)* _____

_____ Town _____ State _____ Zip _____
Phone Number (Home) (____) _____
(Work)(____) _____

Alternate Contact Person: (Use someone near the primary contact)

Name _____
Address (if different from servant) _____

_____ Town _____ State _____ Zip _____
Phone Number (Home) (____) _____
(Work)(____) _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance? _____ Yes _____ No

Name of Insurance Company _____

Policy Number _____
Group Number _____
In whose name is the insurance? _____

Family Doctor _____ Town _____
Phone Number _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

Health History:

Pre-existing or present medical conditions

Name and dosage of any medications that must be taken

Any Allergies? _____ to medications? _____

Hay Fever Heart Condition Diabetes Insect Sting
 Epilepsy/Nervous Disorder Asthma Frequent Stomach Upsets
 Physical Handicap Any major illnesses during the past year?

If any of the above are checked, please give details (I.e., include normal treatment of allergic reactions)

Date of Last Tetanus Shot _____ Contact Lenses? _____

Any Swimming Restrictions? Yes No

What? _____

Any Activity Restrictions? Yes No

What? _____

Release Statement:

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical coverage is needed. Coverage by CrossPoint Church through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by CrossPoint Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold CrossPoint Church, its leaders, employees, and volunteer staff liable for damages, losses, disease, or injuries incurred by the subject of this form.

Parent/Guardian

Signature _____ Date _____

(Please notarize parent/guardian signature to ensure that we can offer your child medical attention in an emergency. Medical release forms are good for one calendar year.)

Signature of Participant *(if over 18 years of age)*

_____ Date _____