

Warren Church of Christ
Youth Ministry Medical Release Form

Student Information

Name _____

Home Phone _____

Address _____

Cell # _____

Grade _____

City, State, Zip _____

Birthday _____

Contacts

Father's Name _____

Father's Cell # _____

Mother's Name _____

Mother's Cell # _____

Father's Work _____

Phone # _____

Mother's Work _____

Phone # _____

Other Emergency contacts

Student Medical Information

Health Insurance Co _____

Policy # _____

Allergies _____

Restrictions _____

Medications currently taking _____

I, the parent or legal guardian of the student listed on this form, verify that he/she has my full approval to participate in the Warren Church of Christ Youth program, and any activities taking place with the Church. I do release and hereby agree to hold blameless the Warren Church of Christ, its employees, and sponsors from any and all claims arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with the Warren Church of Christ Youth programs

Further, I do authorize the minister or sponsor of the Warren Church of Christ Youth program, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while in their care. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment. I do certify that said child is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Parent Signature _____ Date _____