



Emmanuel Bible Church Youth Ministries Release Form 2017-2019

Parents (or guardians): Please complete this form with the most accurate information possible. This form will be valid for all 2017-2019 Emmanuel Bible Church youth events. Thank you.

Student's name _____

Birth date _____ Age _____ Sex _____ Grade _____ School _____

Student's Cell Number: _____

Name of parent/guardian _____

Address _____
Number and Street City State Zip

Phone Numbers – HOME: _____ **WORK:** _____

Parent's Email: _____ **Student's Email:** _____

If the person named above is not available in the event of an emergency, notify ...

Name _____

Address _____
Number and Street City State Zip

Phone Numbers – HOME: _____ **WORK:** _____

Name of Physician _____

Address _____
Number and Street City State Zip

Medical Insurance Company _____

Policy Number _____ **I. D. Number** _____

Address _____
Number and Street City State Zip

History: Check all items that apply, past or present, to your health history. Explain any "yes" answers.

- Allergies:** Is the student allergic to any food, medicines, insects, plants, etc. that you know of? Yes No
 Explain all yes answers:

General info:	Yes	No		Yes	No		Yes	No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>
Cancer/leukemia	<input type="checkbox"/>	<input type="checkbox"/>	Seizures	<input type="checkbox"/>	<input type="checkbox"/>	Speech/Lang/Hearing	<input type="checkbox"/>	<input type="checkbox"/>
Heart trouble	<input type="checkbox"/>	<input type="checkbox"/>	Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>	Kidney disease	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension	<input type="checkbox"/>	<input type="checkbox"/>						

Explain any "yes" answers: ...

- Date of last tetanus immunization _____
- On a separate piece of paper, please list any medications to be taken and explain times of administering (including over-the-counter medications taken regularly). Staple this paper to this document.

INDEMNITY & MEDICAL CONTRACT:

I will not hold or attempt to hold Emmanuel Bible Church liable for any loss, damage or injury to person or property caused by any act or neglect of other persons on or about the disclosed location, or caused in any manner other than the willful or negligent act of Emmanuel Bible Church, its employees and agents, and will indemnify and hold Emmanuel Bible Church harmless from any liability for damages or claims against Emmanuel Bible Church arising out of or in any way related to any such loss, damage or injury.

I release Emmanuel Bible Church, including its employees and agents, from my students physical injury, including death, or illness while attending Emanuel Bible Church Youth functions. I will assume the risk associated therewith, whether known or unknown to me at this time. This release is also intended to include all claims of my family, estate, heirs, personal representatives or assigns.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Emmanuel Bible Church.

I verify that my child is in good health and is capable of participating in strenuous activities, and when necessary, will tailor his/her activities to those within the bounds of his/her physical health. I recognize that my medical insurance company will pay for any medical treatment that is provided to my child while attending an Emmanuel Bible Church function.

Parent/Legal Guardian _____ **Date** _____

Print Name _____

MEDIA RELEASE:

Occasionally, photos and video footage is taken during Student Ministry events and used for promotional material. I authorize Emmanuel Bible Church to use photos or video taken of my student for use in brochures, articles, websites and/or videos. At no time will event photos or video footage be used by unrelated organizations.

I grant permission for Emmanuel Bible Church to use photos and videos of _____
for promotional materials. **Print Name of Student**

___ **Yes**

___ **No**

Signature of student _____ **date** _____

If student is under 18,
Signature of parent/legal Guardian _____ **date** _____