

2010 Student Information and Release Form

For ONE Community Church youth activities through December 31, 2010

Office use



STUDENT NAME _____ HOME PHONE _____ CELL PHONE _____

ADDRESS _____ EMAIL _____

CITY _____ STATE _____ ZIP CODE _____ BIRTHDATE _____

SCHOOL _____ GRADE _____ T-SHIRT SIZE (circle): (Children's) L // (Adult) S M L XL XXL

PARENTAL INFORMATION

FATHER / STEP FATHER (Please Circle) _____

MOTHER / STEP MOTHER (Please Circle) _____

PLACE OF WORK _____

PLACE OF WORK _____

WORK PHONE _____

WORK PHONE _____

EMAIL ADDRESS _____

EMAIL ADDRESS _____

CELL PHONE / PAGER _____

CELL PHONE / PAGER _____

Emergency Contact (other than parents): _____

NAME

PHONE

RELATIONSHIP

LIABILITY RELEASE

I, the parent or guardian of _____, do release ONE Community Church, its employees and volunteer staff from any liability for injury, illness or death of my child as a result of his or her participation in youth activities sponsored by ONE Community Church. I understand that involvement in youth activities may include hazardous activities such as skiing, snowboarding, various athletic involvement, water sports, hiking/climbing, night games, field games, travel in vehicles, physical exertion and other such participation.

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 or medical clinic, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital or medical clinic.

The undersigned shall be liable and agrees 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 my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I, the undersigned, do also hereby give permission for 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 ONE Community Church.

Signature

SIGNATURE OF PARENT/GUARDIAN

RELATIONSHIP TO MINOR

DATE

COMPLETE OTHER SIDE

Medical Information

Office Use

Please fill in all blanks. Where necessary write "NONE".

INSURANCE INFORMATION

INSURANCE: YES NO

INSURANCE COMPANY

POLICY NUMBER

CHILD'S PHYSICIAN

PHONE NUMBER

AFTER HOURS PHONE

PHYSICIAN'S ADDRESS

MEDICAL HISTORY

DRUG ALLERGIES

DATE OF LAST TETANUS SHOT

OTHER ALLERGIES

OTHER MEDICAL PROBLEMS:

MEDICATION

NAME OF MEDICATION #1

DOSAGE & FREQUENCY

REASON FOR MEDICATION #1

NAME OF MEDICATION #2

DOSAGE & FREQUENCY

REASON FOR MEDICATION #2

NAME OF MEDICATION #3

DOSAGE & FREQUENCY

REASON FOR MEDICATION #3

For the purpose of minor pain relief I give permission for the church staff or sponsor to give my child,

Aspirin Tylenol Ibuprofen Other _____

Hospital Preference: _____

ADDITIONAL INFORMATION IMPORTANT FOR THE MEDICAL/PHYSICAL CARE OF YOUR CHILD:

