

JUNCTION 180 STUDENT MINISTRIES
MEDICAL RELEASE & PERMISSION FORM 2018-2019

Student & Family Information (please print in ink)

Name: _____

Age: _____ Birthday: _____ Grade in School: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Medical Insurance Company: _____

Policy #: _____

Father's Name: _____ Birthday: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Mother's Name: _____ Birthday: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____

Emergency Contact: _____

Home Phone: _____ Cell Phone: _____

Relation to Student: _____

Physician: _____

Office Phone: _____

Dentist: _____

Office Phone: _____

Check the Following Areas of Concern for the Student (if necessary add details)

1. For your child's safety and our knowledge, is your student a...

Good Swimmer Fair Swimmer Non-Swimmer

2. Does your child have allergies to...

Medications Pollens Insect Bites Food

3. Does your student suffer from, has ever experienced, or is being treated currently for any of the following...

Asthma Epilepsy/Seizure Disorder Heart Trouble
 Diabetes Frequently Upset Stomach Physical Handicap

4. Should this student's activities be restricted for any reason? Please explain; include names of medications and dosages that must be taken...

RELEASE OF LIABILITY

_____ has my permission to attend
(Student's Name)
student activities sponsored by Calvary Community Church Student Ministries from
September 2018 through August 2019.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Joshua Johnson and Calvary Community Church of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend student activities at Calvary Community Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____

Date: _____

DRIVING PERMISSION

(SR. HIGH ONLY)

_____ has my permission to ride with the following students...

Initials: _____



CALVARY

1200 Roosevelt Rd
St. Cloud, MN 56301