Medical Release Form & Agreement Letter

Effective dates: September 2017 through August 2018 (FILL OUT BOTH PAGES COMPLETELY)

Name: Last			Age:	Birthda	ıy:
LAST Year in school:	FIRST	MIDDLE		■ Male	☐ Female
Parents Email:		Student	s Email:		
Address:		City:	State	e:	Zip:
Home Phone:					
Medical insurance company:			Policy #:		
Mother's name:		Phone: I	Home	Work	
Father's name:		Phone: H	lome	Work	
Emergency Contact:		Phone:	Home	Work	
Physician:		Offic	ce phone:		
Dentist:	Office phone:				
Medical History					
form. Include names of medical Check the following areas	of concern for th	is student. If nece	ssary, add another p	•	nsect bites
 Does your child have aller Does your child suffer fron 					
Asthma	epilepsy / se		heart troub		□ diabetes
□ fr	equently upset s	tomach	☐ physical	handicap	
This consent form gives perr and its staff of any liability ag				essary, and rele	ases the Church
I/We the undersigned have leattend events being organize athletic event, and I/we herel liability for any injury, loss, or involvement. In the event that medical treatment as deeme and/or hospital personnel dedemands, or suits for damag responsible for the cost of ar insurance provider. Further, will, to the best of my/our known at my/our own expensions	d by the Church. It by release the Church damage to person the/she is injured d necessary by a large signated by the Ches arising from the my medical care she will be in e should they become	/We understand thurch, its pastors, end or property that nursh and requires the acceptance of the end of the e	at there are inherent inployees, agents, and ay occur during the attention of a doctor, I in the event treatme o hold such person from the insent. I/We also acknow the information provided in the interest of the information provided in the increase of the information provided in the information provided in the increase of the information provided in the information provid	risks involved in d volunteer work course of my/our /we consent to a nt is required fro ee and harmless nowledge that we reimbursed by above is accurate also agree to budent ministries	any ministry or ters from any and all rechild's any reasonable m a physician of any claims, will be ultimately the health te at this date and oring my/our child staff member.
Parent/guardian signature:				_ Date:	

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Student agreement:

I, ______, agree to follow all the rules and regulations that our Middle/High School Leaders have established in class, as well as when attending any Middle/High School activities. These rules and regulations include, but are not limited to:

- ♠ Arriving and remaining drug/alcohol free throughout class/activity,
- Prespecting Middle/High School Leaders and fellow classmates,
- Keeping language and behavior Christian-like,
- Programme Remaining supervised at all times, unless dismissed by Middle/High School Leaders,
- ☆ Keeping cell phones turned off during class, and also when specified by Middle/High School Leaders at certain activities, out of respect to fellow classmates and Leaders,
- Participating with the group and complying with the event schedule
- no students are allowed to drive during an event.

I understand that by signing this agreement, I am promising to follow all of the above rules, as well as any other rules set forth by the Middle/High School Leaders at the time of the specific activity. If the Middle/High School Leaders feel that I am not following the rules set forth, then my parent(s)/guardian(s) may be notified and will then have to come pick me up from the activity (even if I have a drivers license and drove myself to the activity). I also understand that it is up the Middle/High School Leaders' discretion on whether or not my parent(s)/guardian(s) need to be notified of any behavior that is deemed inappropriate. If I am asked to leave a Middle/High School Activity, or act inappropriately at a Middle/High School Activity, I understand that this may jeopardize me being allowed to participate in any future Middle/High School Activities. Also, if I bring friends to any Middle/High School activity, I will make sure that they bring a signed copy of this agreement as well. If I do not have a copy of this agreement, I will make sure to ask a Middle/High School Leader for a copy to give to my friend that will need to be signed by the student and their parent(s)/guardian(s). I am aware that this document will be kept on file and will apply to all future Middle/High School classes/activities.

that will need to be signed by the student and their parent(s)/grand will apply to all future Middle/High School classes/activities	
Signature of Student	Date
Parent/Guardian agreement:	
I understand that my child will be expected to follow all of the r Middle/High School Leaders. I also understand that if my child Middle/High School Leaders, that my child may be dismissed f assume responsibility for providing needed transportation by p taking place at that time. I also understand that the Middle/High child to participate in future activities if he/she acts inappropria activity, without the Middle/High School Leaders' permission, the responsible for the well-being of my child. In the event that this that my child has left the activity. I am also aware that this document of the middle/High School classes/activities.	does not follow the rules and regulations defined by the from the class or activity. In the event that this happens, I icking up my child wherever the class and/or activity is h School Leaders will use their discretion in allowing my tely. I am aware that if my child leaves that class and/or nat the Middle/High School Leaders are no longer happens, the Middle/High School Leaders will notify me
Signature(s) of Parent(s)/Guardian(s)	
	Date
Contact information where you can always be reached:	
Parent's Cell phone #:	Student's cell phone #: