Medical Consent/Release Form

I, ______________________ authorize that my child ________________________
Parent's Name Student's Name
is granted full permission to participate in the events and activities organized by the Student Ministries of Faith Evangelical Free Church, specifically for the ________________

I understand that possible risks and dangers may be encountered on any given trip or event, and I the parent, trust the judgment of Faith Evangelical Free Church, its pastors, staff, and volunteer youth leaders. In the event of an emergency or injury to my child, I grant permission to ____________________________ to seek appropriate medical attention for the injury of my child including visits to the emergency room or a doctor, X-Ray examinations, anesthetic, and/or other medical and dental needs. In the event of an emergency or injury, the church and/or its staff and volunteers will attempt to contact and consult with the parents FIRST, and will only continue to seek medical attention without parental consultation if the situation is deemed necessary or urgent, and the parents or emergency contact reference listed below cannot be reached.

Understanding the above notice, I release Faith Evangelical Free Church, its pastors, staff, volunteer youth leaders, and any Event Staff/Volunteers from any and ALL liability claims for sickness, expenses, damages, medical services, and injury, even injury resulting in death.

Effective Dates: ________________
Event: ____________________________
Destination: ____

Student's Name: _____________________________ **Phone #:** (____)________________
Last First Middle **Gender:** (circle) M / F
Grade in School: _________ **Age:** _______ **Birthday:** _________________

Address: ____

Father's Name: ________________________ **Mother's Name:** ___________________________

Phone: (_____)___________________ **Cell Phone:** (______)____________________

Medical Insurance Co. ______________________________ **Policy #:** ______________________

Emergency Contact Reference (not parents): _________________________

Phone: (____)______________ **Relation to Student:** _____________________

Student's Name: ____________________ **Signature:** ____________________ **Date:** ________

Parent's Name: _____________________ **Signature:** _____________________ **Date:** _________

Please explain on reverse side any medical conditions or medications to be taken.