



## PARTICIPATION PERMISSION & MEDICAL RELEASE FORM

### STUDENT'S INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex:  M  F  
School: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
Student's Cell Phone Number: (\_\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_  
Student's Health Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Current Medications: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Special Medical Instructions: \_\_\_\_\_  
\_\_\_\_\_

### PARENT/GUARDIAN CONTACT INFORMATION

Guardian/Mother's Name: _____	Guardian/Father's Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip Code: _____	State: _____ Zip Code: _____
Cell: _____	Cell: _____
Email: _____	Email: _____
Facebook: <a href="http://facebook.com/">http://facebook.com/</a> _____	Facebook: <a href="http://facebook.com/">http://facebook.com/</a> _____

### ALTERNATE EMERGENCY CONTACT

Name: \_\_\_\_\_ Relation to Student: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Numbers:  
Home: (\_\_\_\_\_) \_\_\_\_\_ Mobile: (\_\_\_\_\_) \_\_\_\_\_  
E-Mail: \_\_\_\_\_

## PARENT/GUARDIAN GENERAL PERMISSION & RELEASE STATEMENT

I, \_\_\_\_\_, hereby give permission for my child, \_\_\_\_\_,  
(Parent or Guardian's Name) (Child's Name)

to participate in the Church of the Savior student ministry programs. I understand that participating in programs and activities can involve certain risks to my child. By signing this form I accept those risks. I hereby release and agree to hold harmless, indemnify, and discharge Church of the Savior (including any of its agents, employees, representatives, and volunteers) for any and all liability for injury, or damage, including but not limited to, bodily injury, death, personal injury, emotional injury or property damage arising out of my child's participation in this activity, the use of Church of the Savior's premises (including its entrances and exits, and surrounding areas). By signing this form I attest that I am the parent or guardian of said child and that I have the legal authority to grant this permission and waiver of liability. I agree that it is my responsibility to notify Church of the Savior if any information on this form changes. *I further understand and agree that I may revoke this permission by submitting such revocation in writing to Church of the Savior.*

## PARENT/GUARDIAN MEDICAL CONSENT TO TREAT STATEMENT

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this PERMISSION & MEDICAL RELEASE FORM. In the event that I or the alternate emergency contact cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by Church of the Savior agents or representatives to hospitalize, to secure medical treatment and /or to order an injection, anesthesia, or surgery for my child or children as deemed necessary. I understand that my insurance coverage for my child or children will be used as primary coverage in the event medical intervention is needed.

## TRANSPORTATION PERMISSION (IF APPLICABLE)

I give Church of the Savior permission to transport the subject of this permission and release form on Church of the Savior vans to church services and/or to the church-sponsored programs. *I understand that if I revoke this permission at anytime or if any information changes on this form that it is my responsibility to contact Church of the Savior to notify them immediately.* I understand all reasonable safety precautions will be taken at all times by Church of the Savior and its agents during transportation. I understand that an adult chaperone will be present on the church van along with a church approved and trained driver during all transportation. I understand and agree that trained and background checked adult leaders may use their personal vehicles to transport my child along with an additional adult chaperone and at least one other student for church-sponsored activities only. I agree to be notified in advance when adult leaders are using the church van and/or personal vehicles to transport my child. It is my responsibility to update Church of the Savior when my email, home address and phone numbers change. In the event of a medical emergency and I am unable to pick up my child, I authorize an adult leader to transport my child in his or her personal vehicle. I understand the risks associated with this. I will not hold the adult leader liable because they are acting in the best interests of my child. I understand the possibility of unforeseen hazards and know the inherent possibility of risks of vehicle transportation. I agree not to hold Church of the Savior, its leaders, employees, and volunteers liable for damages, losses, diseases, or injuries incurred by the subject(s) of this form.

## MEDIA PERMISSION

I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject(s) of this release during transportation and/or church-sponsored events to be used, distributed, or shown as Church of the Savior sees fit.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_