



Wethersfield Evangelical Free Church

Student Ministries

Parental Permission and Medical Waiver

(Updated August 2023)

Medical Information	
Student Name:	DOB:
Allergies:	
Known physical/mental health conditions:	
Medications taken (include dosages/frequency):	
Insurance Provider:	
Policy ID:	
Parent Contact: (Home):	
(Cell):	
Emergency Contact (If parents cannot be reached): Name:	
Tel:	
Relationship to student:	
Events and Activities Permission	
<p>I, _____, as parent/legal guardian of the following student, _____, give my permission for the student to participate in all Student Ministries events, both those on-site and those off-site. I understand that for off-site events my student will be leaving the church property and traveling to the location of any such event(s).</p> <p>I, further, being the parent or legal guardian of the student named above, attest that my student is physically fit and adequately prepared to participate in all activities held at Student Ministry events, including recreational and sporting activities, excluding any exceptions and/or limitations provided below. If I wish to revoke this attestation for any reason, I will promptly notify the Pastor of Student Ministries (or other ministry director) in writing.</p> <p>Further, I hereby release and hold harmless WEFC, its staff, representatives, volunteers and chaperones of any and all liability for any injury, disability, death, property damage or loss, or claim(s) of any kind, arising out of my child's participation in WEFC activities. The accident waiver and release of liability should be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.</p> <p>Exceptions and/or limitations:</p> <p>_____</p> <p>_____</p>	

(Continues on reverse side)

Emergency Medical Care Waiver

I hereby authorize and give my consent to the Youth Staff of the Wethersfield Evangelical Free Church to arrange for the performance of or administration to the above-named student any necessary emergency, medical, or surgical treatment.

I understand that the WEFC Youth Staff will attempt to contact us by phone before relying on this authorization.

I request and authorize any hospital and their employees to provide all reasonable and/or necessary medical care, including but not limited to medical transport, hospital tests (e.g. pathology or radiology), anesthesia, surgery, and prescription drugs advisable for the health of my child.

I acknowledge that no representations, warranties, or guarantees as to the results or cures will be made.

Signature

Parent/Legal Guardian Name (print): _____

Parent/Legal Guardian Signature: _____

Date: _____ (valid for 2023 academic year)