



Surprise Church of Christ Teen Ministry Medical Release Form

Student Information

Name: _____ Home Phone: _____

Address: _____ Cell # _____

Grade: _____

City, State, Zip _____ School: _____

E-mail: _____ Birthday: _____

Contacts:

Father's Name: _____ Cell # _____

Mother's Name: _____ Cell # _____

Father's Work: _____ Phone # _____

Mother's Work: _____ Phone # _____

Emergency Contact: _____ Phone # _____

Student Medical Information:

Health Insurance Co. _____ Policy # _____

Food/Drug Allergies: _____

Restrictions: _____

Physician: _____ Phone # _____

Current Medications: _____

PLEASE READ CAREFULLY AND SIGN BELOW

I, the parent or legal guardian of the student listed on this form, verify that he/she has my full consent to participate in the Surprise Church of Christ Teen Program, and any activities taking place with the Church. I do agree to release and hereby hold blameless the Surprise Church of Christ, its employees, and sponsors from any and all claims arising, or which may be asserted by me or by any member of my family by reason of participating in any of the activities associated with the Surprise Church of Christ Teen Program.

Furthermore, I do authorize the Surprise Church of Christ Teen Program, in the event that I cannot be reached by phone, to give my consent to a physician and/or hospital to perform emergency medical treatment while in their care. It is understood that I will assume financial responsibility for any expense that may be incurred for said medical treatment. I do certify that this child listed is covered by adequate accident insurance. My consent and my signature is given below. I have read and agree to the information given in this entire form.

Parent Signature: _____ Date: _____