



## Medical Release and Permission Form

Valid for duration of one school year, 13 months (August – August)

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Student Email: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Student Cell # \_\_\_\_\_ Cellphone Provider (AT&T, Verizon, etc.): \_\_\_\_\_

### Health History:

Please list on-going health issues, allergies (both food and medication), and behavioral concerns:

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### Dietary Concerns:

Please list any special dietary needs (gluten-free, vegetarian, etc.):

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### Current Medication:

Drug:	Purpose:	Dosage:
_____	_____	_____
_____	_____	_____
_____	_____	_____

### Personal Insurance Information: Please make a copy of both sides of your insurance card and attach with this form.

Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Group or Employer: \_\_\_\_\_ Phone # \_\_\_\_\_

In case of emergency call: \_\_\_\_\_ Phone # \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone # \_\_\_\_\_

In the event of illness, accident, or injury parents are completely responsible for any necessary treatment costs incurred.

Are there any additional medical concerns or information that we may need to know in an emergency?

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**LIMITED PURPOSE POWER OF ATTORNEY: CONSENT TO TREATMENT OF A MINOR**

a. The undersigned hereby appoint:

- Jacob Baker (Pastor of Student Ministries)
- Any official student ministry leader/chaperone

each to act alone, and delegate to each such person the power to consent on our behalf to all emergency treatment and/or medical care (except elective surgery) of \_\_\_\_\_ (Child's Name) determined to be necessary or desirable by the child's attending physician at the hospital.

b. This Power of Attorney shall continue until revoked by the undersigned, or for (13) months after its date, whichever is earlier. Physicians or the hospital's medical staff may assume and rely that this authorization is currently in effect during such 13 month period unless notified.

**LIABILITY WAIVER**

I recognize that certain hazards and dangers are inherent in the events and programs of The Chapel. I acknowledge that although The Chapel has taken safety measures to minimize the risk of injury to participants, The Chapel cannot insure nor guarantee that the participants, equipment, premises, and/or activities will be free from hazards, accidents, and/or injuries. I further recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for the safety of activity participants.

In consideration of The Chapel accepting and permitting my child to attend this activity, retreat, etc and participate in the activities, I agree that The Chapel, a non-profit corporation, its agents, officers, employees, elders, and volunteers will not be liable for any injury, death, damage and/or loss to my child, and/or anyone claiming on my child's behalf, and I further agree to hold harmless, indemnify and defend The Chapel, its officers, agents, employees, elders, and volunteers for and from any and all damage during the time of my child's attendance and participation with The Chapel, whether such injury, illness, or damage occurs on or off the church premises.

**PHOTO RELEASE**

I certify that photographs or videotape pictures of my child participating in The Chapels programs may be reproduced and utilized in promotional materials for the church.

**DATED:**

Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

**Father**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Mother**

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

I represent that I am the parent or legal guardian of (child's name) \_\_\_\_\_, that I am at least eighteen (18) years of age and I am under no mental or legal disability which would prevent me from signing and executing this agreement. I further represent that I have read (or have had read to me) and understood the terms of this agreement. I also hereby certify that the above health record is, as of this date, accurate and complete.

\_\_\_\_\_  
Father / Guardian Signature

\_\_\_\_\_  
Mother / Guardian Signature

\_\_\_\_\_  
Date