

SON CITY CHILDREN'S MINISTRIES

Westerville Christian Church
471 E. College Ave.
Westerville, OH 43081
(614) 891-6842

2011 Parental Permission and Student Medical Release Form

_____ (student's name) has my permission to attend all officially scheduled youth group activities of Westerville Christian Church for the year beginning January 1, 2011 and ending on December 31, 2011. I the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the church. I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release Westerville Christian Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my child's involvement. In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate as of this date and will, to the best of my knowledge, still be in force for the student named above. I also agree to bring my child home at my own expense should they become ill or if deemed necessary by the student ministries staff member.

Today's Date

Signature of father, mother, or legal guardian

Medical Information

Current medication _____

Allergies _____

Any adverse reactions to medication _____

Family Doctor _____ Phone _____

Regular Dentist _____ Phone _____

Health Insurance Co. _____ Policy # _____

Address _____

Preferred Hospital _____

Address _____

Full name of son or daughter _____

Grade _____ Birthdate ____/____/____ Age _____

If unable to reach parent or guardian, please call:

Father/Mother or Legal Guardian

Name

Home Address

Zip

Relationship

Home or Cell Phone

Work Phone

Phone