

## 2023 - 24 STUDENT MEDICAL, PERMISSION, and LIABILITY RELEASE FORM

Child's name:	M / F
Address:	
City, State, Zip:	
Date of Birth:	Current School Grade:
Mom's Name:	
Dad's Name:	
Mom's phone numbers:	
(H) _____	
(W) _____	
(Cell) _____	
Dad's phone numbers:	
(H) _____	
(W) _____	
(Cell) _____	
Family Doctor:	
Name: _____	
Phone: _____	
Insurance Company Name:	
_____	
Phone: _____	
Policy #: _____	
Group #: _____	

1. Is your child presently being treated for an injury or sickness, taking any medication or carrying any emergency medication?  
**YES      NO**

Medication	Dose	Taken for?

2. Is your child allergic to any type of medication?  
**YES      NO**
3. Does your child require a special diet?  
**YES      NO**
4. Does your child have (or ever had) any of the following?  
(circle, then explain in space after #9)
- |  |  |
|--|--|
| <input type="checkbox"/> Physical handicap | <input type="checkbox"/> Head injury               |
| <input type="checkbox"/> Seizure disorder  | <input type="checkbox"/> Food allergy              |
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Environmental allergy     |
| <input type="checkbox"/> Kidney disease    | <input type="checkbox"/> Diabetes                  |
| <input type="checkbox"/> Heart condition   | <input type="checkbox"/> Behavior/nervous disorder |
| <input type="checkbox"/> Stomach problem   | <input type="checkbox"/> Other                     |

5. Does your child have any allergies other than medicines?  
**YES      NO**
6. Does your child sleepwalk?  
**YES      NO**
7. Does your child have any physical handicap or illness preventing his/her participation in normal rigorous activity?  
**YES      NO**
8. Please circle one: My child **CAN / CANNOT** swim.
9. Administer to my child upon his or her request: **YES      NO**  
 ibuprofen, dosage: \_\_\_\_\_  
 acetaminophen, dosage: \_\_\_\_\_

**Please explain any "YES" answers from questions 1 through 9:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENT/GUARDIAN OF A MINOR: MEDICAL TREATMENT CONSENT**

I, the undersigned being the parent or legal guardian of the child named herein (at "child's name"), do consent to any medical, surgical, x-ray, anesthetic, or dental diagnosis or treatment which may be deemed necessary for my minor child. Further, I understand that by using the phone numbers I provided here, effort will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leadership to make decisions necessary for the child's treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care expenses for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. The policy of the church or organization sponsoring this event will be used as the secondary coverage. I additionally agree to supply written notification to FAC of any health changes which would restrict my child's participation in any youth activities for which this form stands.

**PARENT/GUARDIAN OF A MINOR: PERMISSION & LIABILITY RELEASE**

I, the undersigned being the parent or legal guardian of the child named herein ("my child"), do hereby consent to the participation of my child in all Fellowship Alliance Chapel youth ministry activities and trips for the 2023-24 ministry year (September 1, 2023 through August 31, 2024). **This will include all activities both on and off-site, including trips and retreats.** I certify that my child is physically fit to participate in such activities except as noted on this form otherwise. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child. I further agree to supply written notification to the FAC Youth Office of any changes to the information provided on this form.

I understand that reasonable safety precautions will be taken by the leaders of all activities, and that the possibility of an unforeseen hazard always exists. I hereby acknowledge my awareness that participation may expose my child to risk of property damage and bodily or personal injury, including serious injury and/or death. I understand that the risks my child may be exposed to include (but are not limited to) the following: motor vehicle accidents, injury from falls, drowning, exposure to inclement weather, exposure to cold water, injury from animal or insect bites, cuts and abrasions, and other risks. I also agree to discuss with my child the importance of following all directions of the activity leaders. For all of my child's activity with FAC youth ministries occurring September 1, 2023 through August 31, 2024, **I do hereby release and forever discharge** Fellowship Alliance Chapel, its officers, agents, volunteer helpers, employees, organizations used or visited, or organizations partnered with (all as 'releasee') from any and all claims, demands, rights, and causes of action of whatever kind that I may have, either in my own behalf or in my capacity as legal representative of my child, arising from or in any way connected with my child's participation in these activities, even if caused solely or partly by negligence of the releasee. By signing this document I indicate that I have had sufficient opportunity to read this entire document, that I have read and understood it, and that I agree to be bound by its terms.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME of parent/guardian for above medical/permission/liability releases

\_\_\_\_\_  
SIGNATURE of parent/guardian for above medical/permission/liability releases

**\* THIS FORM EXPIRES AUGUST 31 ANNUALLY \***