



2016 Student Consent and Medical Release Form

The below forms provide the legal release for your students to attend activities and outings as a part of The Well Student Ministry at Pacific Hills Calvary Chapel.

YOUTH INFORMATION

Name of youth _____ Birth date _____ Current Grade _____
Address _____
Email _____ Current School _____
Cellular telephone _____

PARENT/GUARDIAN INFORMATION

Name of parent(s) or guardian(s) _____
Address _____
Email _____
Home telephone _____ Cell phone _____
Other person and/or number to call in emergency _____

MEDICAL RELEASE

Is your youth presently being treated for an injury or sickness or taking any medication? Yes
 No If yes, please explain:

Does your youth have, or has your youth ever had, any of the following? (Please check all that apply.)

- Asthma Hay Fever Kidney Disease Diabetes Heart Murmur Seizure Disorders

Please explain.

Youth's blood type _____ (if known)

Does your youth have a physical handicap or illness that would prevent him or her from participating in normal rigorous activity? Yes No If yes, please explain:

Family Doctor: _____ Doctor's Telephone: _____

Insurance Co. & Policy No.: _____

TRANSPORTATION RELEASE

I give permission for my youth to be transported to and from church sponsored activities in a church, rental, or private vehicle.

Initial _____

DISCIPLINE RELEASE

In the event of misconduct, I authorize the staff to send my student home at my expense.

Initial _____

INSURANCE RELEASE

I realize the church insurance begins where the individual health and accident policy terminates. It is only valid when all other insurance has been extended to its limits.

Initial _____

PERSONAL BELONGINGS RELEASE

I realize that the church or its sponsors are not responsible for personal belongings.

Initial _____

GENERAL RELEASE

The undersigned or a member of the immediate family of the undersigned realizes that the participant may incur personal injury or bodily damage while participating in such activities, and acknowledge that the church, it's officers, directors, employees, agents, or any other parties volunteering on behalf of the church, shall be held harmless from all actions, claims, costs, expenses or damages of any kind, growing out of or related to any activities of the church. The undersigned or a member of the immediate family of the undersigned further acknowledge this is a full and complete release for all injuries and damages which the participant may sustain as a result of participating in any activity.

Parent/Guardian Signature _____ Date _____

Youth Pledge

I hereby pledge to uphold all policies of the Well Student Ministry of Pacific Hills Calvary Chapel. During all youth activities and all youth trips, I pledge to follow all instructions of the pastors at Pacific Hills Calvary Chapel and the student leaders, including safety instructions.

Signature of Youth

Date

Note to Parent: If giving consent for one activity only, or if this consent is otherwise restricted, please specify:

