

# College Church of Christ Youth Ministry

## MEDICAL RELEASE FORM

In case of any emergency, you will be contacted as soon as possible. Our insurance carrier requires us to have this form on file. Thanks for your assistance in this matter.

Student's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

To whom it may concern:

On, \_\_\_\_\_ of \_\_\_\_\_ for \_\_\_\_\_ the undersigned  
(date) (year) (what event?)  
does hereby give permission for an authorized representative of the College Church of Christ Youth Ministry to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the child listed under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital as needed for injuries or illness occurring during and/or immediately following church activities.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities with the College Church of Christ Youth Ministry. It is church policy that all children will ride only with an authorized adult representative to any church activity.

The undersigned do hereby release, forever discharge and agree to hold harmless the College Church of Christ Youth Ministry and authorized representatives thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child that occur while said child is participating in any activity sponsored by the church. Furthermore, we hereby assume all risk of personal injury sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.

The undersigned further hereby agrees to hold harmless and indemnify said church, its elders, employees and officers, for any liability sustained by said event as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

Insurance Co.: \_\_\_\_\_ Policy No: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

List any allergies or special medical problems your child may have: \_\_\_\_\_

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Authorization granted by: \_\_\_\_\_ Date: \_\_\_\_\_