



PARTICIPATION PERMISSION & MEDICAL RELEASE FORM

STUDENT'S INFORMATION

Name: _____ Date of Birth: _____ Sex: M F
School: _____ Grade: _____
Address: _____ City: _____
State: _____ Zip Code: _____ Home Phone Number: (_____) _____
Student's Cell Phone Number: (_____) _____ E-Mail: _____
Student's Health Insurance Carrier: _____ Policy Number: _____
Current Medications: _____
Allergies: _____
Special Medical Instructions: _____

PARENT/GUARDIAN CONTACT INFORMATION

Guardian/Mother's Name: _____ Guardian/Father's Name: _____
Address: _____ Address: _____
City: _____ City: _____
State: _____ Zip Code: _____ State: _____ Zip Code: _____
Cell: _____ Cell: _____
Email: _____ Email: _____
Facebook: <http://facebook.com/> _____ Facebook: <http://facebook.com/> _____

ALTERNATE EMERGENCY CONTACT

Name: _____ Relation to Student: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone Numbers:
Home: (_____) _____ Mobile: (_____) _____
E-Mail: _____

PARENT/GUARDIAN GENERAL PERMISSION & RELEASE STATEMENT

I, _____, hereby give permission for my child, _____,
(Parent or Guardian’s Name) (Child’s Name)

to participate in the Church of the Savior student ministry programs. I understand that participating in programs and activities can involve certain risks to my child. By signing this form I accept those risks. I hereby release and agree to hold harmless, indemnify, and discharge Church of the Savior (including any of its agents, employees, representatives, and volunteers) for any and all liability for injury, or damage, including but not limited to, bodily injury, death, personal injury, emotional injury or property damage arising out of my child’s participation in this activity, the use of Church of the Savior’s premises (including its entrances and exits, and surrounding areas). By signing this form I attest that I am the parent or guardian of said child and that I have the legal authority to grant this permission and waiver of liability. I agree that it is my responsibility to notify Church of the Savior if any information on this form changes. I further understand and agree that I may revoke this permission by submitting such revocation in writing to Church of the Savior. I understand, however, that by revoking my permission said child will no longer be able to participate in the student ministry of Church of the Savior.

PARENT/GUARDIAN MEDICAL CONSENT TO TREAT STATEMENT

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this PERMISSION & MEDICAL RELEASE FORM. In the event that I or the alternate emergency contact cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by Church of the Savior agents or representatives to hospitalize, to secure medical treatment and /or to order an injection, anesthesia, or surgery for my child or children as deemed necessary. I understand that my insurance coverage for my child or children will be used as primary coverage in the event medical intervention is needed.

TRANSPORTATION PERMISSION (IF APPLICABLE)

I give Church of the Savior permission to transport the subject of this annual permission and release form on the Church of the Savior van to church services and/or to the church-sponsored programs during the entire school year listed on this form. *Understand that if I revoke this permission at anytime or if any information changes on this form that it is my responsibility to contact Church of the Savior to notify them immediately.* I understand all reasonable safety precautions will be taken at all times by Church of the Savior and its agents during transportation. I understand that an adult chaperone will be present on the church bus along with the church approved and trained driver during all transportation. In the event of a medical emergency and I am unable to pick up my child, I authorize an adult leader to transport my child in his or her personal vehicle. I understand the risks associated with this. I will not hold the adult leader liable because they are acting in the best interests of my child. I understand the possibility of unforeseen hazards and know the inherent possibility of risks of bus transportation. I agree not to hold Church of the Savior, its leaders, employees, and volunteers liable for damages, losses, diseases, or injuries incurred by the subject(s) of this form.

MEDIA PERMISSION

I consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of the subject(s) of this release during transportation and/or church-sponsored events to be used, distributed, or shown as Church of the Savior sees fit.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____

Date: _____