

# Joelton Church of Christ

## Emergency Contact & Release Form

September 2016 – August 2017

I/We give consent for (*print name of participant*) \_\_\_\_\_ to attend any Youth Ministry events being sponsored by Joelton Church of Christ.

In the event that he or she is injured while under the care of Joelton church staff, paid or volunteer, and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the licensed physician, the medical facility, the Joelton Church of Christ and its representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the event and do hereby release the Joelton Church of Christ and its representatives from any liability due to accident or injury incurred by the participant.

I/We agree to cover all costs if the participant must be sent home for disciplinary reasons.

I/We understand that if the participant is found disobeying established traffic laws while driving his/her vehicle on a Joelton Youth Ministry outing, he or she will not be allowed to transport other participants in his/her vehicle on future Youth Ministry outings.

I/We understand that our child may be photographed or video recorded during any event and that these images may be used in promotional materials for the church.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**If Participant is under the age of 18:**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

*(Please enter Participant Information on other side.)*

**Please attach a photocopy of the front AND back of the participant's Medical Insurance Card.**

# Participant Information

Name \_\_\_\_\_ Gender \_\_\_\_\_

Email \_\_\_\_\_ Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Names of Parents or Guardians of minor \_\_\_\_\_

Best phone in case of emergency \_\_\_\_\_ Other \_\_\_\_\_

If Parents are not available in an emergency, please notify:

1. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

2. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_

List Allergies: (foods, medicines, insect stings, poison ivy, hay fever, other)

\_\_\_\_\_

Does this Participant have any medical or health problems, including chronic or recurring illness or illnesses that would affect his/her participation in any trip, activity, or sport?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_

Medications your child takes regularly \_\_\_\_\_

My child may self-administer

Adult administer, please

Instructions for this medication \_\_\_\_\_

\_\_\_\_\_

**Medical Insurance**

Family Doctor/Name of Practice \_\_\_\_\_

Doctor's Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Those in charge will take every possible safety precaution. In the event of injury or other emergency, every possible attempt will be made to contact parents or guardians immediately.