



YOUTH MINISTRY MEDICAL RELEASE FORM

Each Student participant must have his/her parent/guardian sign the Medical Release Form. Each adult participant must sign the Medical Release Form.

Please Print Clearly:

Event: _____

Participant: _____ Parent/Guardian: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Work: _____ Cell: _____ Email: _____

Emergency Contact: Name: _____ Phone: _____
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Participant's Medical Information:

Allergies: _____

Medical Conditions: _____

Current Medications: _____

Restrictions: _____

Insurance Company: _____ Policy Holder: _____ Policy #: _____

* Please attach a copy of the front and back of current health insurance card

In consideration of permitting my child to attend and/or participate, I do hereby, for myself and my child waive and release any and all claims that I might have against Journey Christian Church, its youth ministry, and any parties volunteering on behalf of Journey Christian Church or its youth ministry from all actions, claims, costs, expenses, or damages of any kind growing out of or related to the Activities. I acknowledge that this is a full and complete release for all injuries and damages which the above student may sustain as a result of participating in the Activities.

I authorize the minister or youth sponsor, in the event that I cannot be contacted by phone, to give consent for medical treatment by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said minor is participating in the activity, including transportation to and from the site.

Signature: _____ Date: _____

If you are a Parent or Guardian of a participant who is under 18 years of age, please print below:

Name: _____ Phone: _____ Other Number: _____