



MEDICAL RELEASE FORM

Name of Activity: _____ Date: _____

Student Name: _____ Date of Birth: _____

Address: _____

Phone Number of Parent/Guardian: _____ Gender: _____

I, _____ (printed name of parent/guardian), being the parent or legal guardian of _____ (printed name of minor/participant) have been informed of the above activity sponsored by WoodsEdge Community Church and hereby give my consent for my minor child to participate in this activity. Furthermore, I authorize and permit the church to provide any necessary transportation, food and lodging for this participant.

I understand that the leaders of this activity will take all reasonable safety precautions, and that the possibility of an unforeseen hazard does exist. I do hereby release, forever discharge and agree to hold harmless WoodsEdge Community Church, its leaders, employees, and volunteer staff 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-participant that occur while said child is participating in the above described trip or activity.

If a medical emergency should arise while my child is attending this event, I hereby give permission to the person(s) in charge of this event to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and assume responsibility of all medical bills, if any.

Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

Parent / Guardian Signature _____ **Date** _____

Emergency Contact: _____ Relationship: _____

Contact Phone Number (1): _____ (2): _____

Known Allergies: _____

Other Important Medical Information: _____

Medical Insurance Company: _____ Policy #: _____

Group Name: _____ Group #: _____ Phone #: _____

PRINT MEDIA RELEASE

I understand that during the course of this event, pictures and video of my child may be taken. I hereby release WoodsEdge Community Church to use such print and video media at their discretion for advertising and promoting the Student Ministry of WoodsEdge Community Church.

Parent or Guardian Signature _____ **Date** _____