

**FELLOWSHIP CHURCH**  
**2007-2008 HIGH SCHOOL MINISTRY YEAR**  
**MEDICAL/LIABILITY RELEASE FORM**

**2-SIDED FORM PLEASE FILL OUT COMPLETELY FOR THE SAFETY OF YOUR CHILD**

Student Name \_\_\_\_\_ Gender \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

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

Birth date \_\_\_\_\_ Age \_\_\_\_\_ Phone #'s (home/cell) \_\_\_\_\_

Parent (s) Name \_\_\_\_\_

Phone #s Home/Work /Cell: \_\_\_\_\_

Insurance Company \_\_\_\_\_ Hospital Insurance \_\_\_\_ Yes \_\_\_\_ No

Insurance Address \_\_\_\_\_

Policy Number \_\_\_\_\_ Insurance Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

Relationship \_\_\_\_\_

(A person other than parents)

**Student Medical Information:**

1. Are you currently under a doctor's care? \_\_\_\_\_ If so, for what reason? \_\_\_\_\_

2. Have you had any serious physical or emotional illness in the past 2 years? \_\_\_\_\_

If so, please explain. \_\_\_\_\_

3. When was your last physical exam? \_\_\_\_\_

By whom? \_\_\_\_\_

4. List medications taken regularly & give reasons. \_\_\_\_\_

5. List allergies (foods, medications, others) \_\_\_\_\_

6. Do you have any physical limitations? \_\_\_\_\_

7. Date of last tetanus shot. \_\_\_\_\_

To whom it may concern:

The undersigned does hereby give permission for our (my) child \_\_\_\_\_,  
to attend and participate in activities sponsored by Fellowship Evangelical Free Church.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to an X-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor 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.

We (I) understand that this form releases Fellowship Evangelical Free Church, it's staff, and volunteer leaders/chaperones of any liability against personal losses of named child. We (I) also agree to bring our child home at our own expense should they become ill or if deemed necessary by the staff.

Parent/guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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**MEDIA RECORDING RELEASE**

I, the undersigned, do hereby grant permission to Fellowship Church to use the image of my child, \_\_\_\_\_.

This can include the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Fellowship Church web site. I agree that these images may be used by Fellowship Church for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature \_\_\_\_\_ Date \_\_\_\_\_

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