

2009-2010 NorthWest Church of Christ Medical Release Form

Student Information

Student Name _____ Birthdate _____ Age _____

School _____ Grade in 2009-2010 _____

Student Name _____ Birthdate _____ Age _____

School _____ Grade in 2009-2010 _____

Student Name _____ Birthdate _____ Age _____

School _____ Grade in 2009-2010 _____

Address _____ City _____ Zip _____ Home Phone _____

Mother Name _____ Work Phone _____ Cell Phone _____

Father Name _____ Work Phone _____ Cell Phone _____

Emergency Contacts:

Name _____ Phone _____

Name _____ Phone _____

Allergies, medicines or medical information that needs to be known about the student (attach sheet if more room is needed): _____

Medical Insurance Information

Doctor _____ Phone _____

Insured Parent _____ Insured Employer _____

Insurance Company _____ Policy Number _____

Insurance Company Address _____ City _____ State _____ Zip _____

Insurance Company Phone Number _____

In the event of an emergency, in which you are unable to reach me (parent/guardian), in case of injuries, accidents or illness, I give my permission for treatment deemed necessary in consultation between attending emergency physician and the Youth Minister and/or Youth Sponsor(s) for the NorthWest Church of Christ. I do hereby assume all risks, and I agree to release and hold harmless the NorthWest Church of Christ, its representatives, assistants, employees and all related entities from any and all liability in the case of accidents or injuries to the above named student(s) while attending any trip, activity or event of the NorthWest Church of Christ.

Signature of parent/guardian

Date

I, _____, give my permission for _____ to participate with the Youth Group from the NorthWest Church of Christ on trips from June 2009—August 2010.