



Medical and Liability Release Form for Student Ministry

Student Name: _____ DOB: _____ Grade: _____

Street Address: _____ City: _____ Zip: _____

Phone: _____ Email Address: _____

Emergency Contact Person: _____

Relationship: _____ Phone: _____

Name and phone number of alternate adult contact in case person above cannot be reached in an emergency:

Name: _____ Relationship: _____ Phone: _____

Medical History:

Special Medical Problems & Medications (if any): _____

Routine Medications (with name & dosage): _____

Can student administer own medication? _____ Medication Allergies (if any): _____

Food Allergies (if any): _____ Date of Last Tetanus Shot: _____

Doctor: _____ City: _____ Phone: _____

Medical Insurance Name: _____ Policy Number: _____

Check One:

My son/daughter/ward _____ is under the age of eighteen (18). **OR**

I am an adult over the age of eighteen (18).

I release and discharge all parties associated with *Greenville Oaks Church of Christ* for damages arising directly or indirectly from medical attention which may be administered. I further give my consent to *Greenville Oaks* representatives to exercise their judgment concerning the proper administration of medical attention to the above-named person. I also give my consent for *Greenville Oaks* representatives to sign documents permitting the performance of medical assistance as deemed necessary by a legally licensed physician or dentist at the time of illness or injury. I further accept the financial responsibility for all medical attention which may be needed so long as this medical attention is prescribed by a legally licensed and qualified physician or dentist.

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the signing adult agrees to assume and accept all risks and hazards concerning church-related activities. They also agree not to hold this church or its employees or volunteer sponsors liable for damages, losses, or injuries to the person or property indicated on this form.

I consent to the use of my minor child's voice, likeness, and photographic or video graphic image by Greenville Oaks Church of Christ for any or all church-sponsored communications. The permission granted shall pertain to any such image taken prior to the receipt by the church of written notice from me revoking the consent herein granted.

Signature

Date

PLEASE ATTACH A COPY OF YOUR INSURANCE CARD.



Covenant/Rules of Conduct

- I agree to follow the schedule for all Student Ministry events and activities as closely as possible at all times without additional prompting by the Sponsors or Ministers.
- For all Student Ministry events, I will agree to participate in all group activities. This includes devotionals, Bible studies, meal times, group discussions, recreational activities, etc., unless I am physically unable.
- I understand that devices, cell phones and portable video games are not permitted on Student Ministry events or activities unless specified otherwise.
- I recognize that no alcohol, fireworks, firearms, tobacco products, or illegal drugs are to be taken on any Student Ministry event or activity.
- I realize that I represent Jesus, my church, and my family while at youth events or activities and I will be courteous and polite to those with whom I associate during these events.
- I understand that all property owned by others will be respected, and I personally will be financially responsible for any damages that I may cause.
- Most importantly, I realize that youth events and activities are for the advancement of spiritual growth. I promise to conduct myself in a Christ-like manner. I will cooperate with those in charge and do my part to ensure that no one is hindered from drawing closer to God.
- I have read and understand the Student Ministry Dress Code and agree to abide by it. I further understand that Student Ministers, teachers, and any adult volunteer have the authority to enforce the dress code.
- I accept responsibility for any violations of which I am guilty.
- Finally, I understand that if in breaking any of these rules, the Sponsors or Student Minister feels that I should be sent home, I will comply and will be responsible for all of my travel expenses home.

Participant's Signature

Date

Parent's Signature

Date