

Eastridge Church Student Ministries
Medical Release Form
Effective: August 2021- August 2022



Please print legibly in ink

Name: _____ Birthday _____/_____/_____ Male Female

Last First M.I.

Fall of 2021 School _____ Fall of 2021 Grade _____

Parent/Guardian _____ Ph # (H) _____ Ph # (Cell) _____ Ph # (W) _____

Address _____ City _____ State _____ Zip _____

Second Parent _____ Ph # (H) _____ Ph # (Cell) _____ Ph # (W) _____

Alt. Emerg Contact _____ Ph # (H) _____ Ph # (Cell) _____ Ph # (W) _____

Student email address _____ Parent email address _____

Medical insurance carrier _____ Policy# _____ Group# _____

Name of insured person _____ Insured person's place of employment _____

Name of primary care physician _____ Phone _____

Health History (Check & Give Approximate dates when applicable)

Allergies (dates not needed)

| | | | | |
|--|--------------------------------------|---|--|--|
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Penicillin |
| <input type="checkbox"/> Heart Defect/Disease | <input type="checkbox"/> Asthma | <input type="checkbox"/> Mono | <input type="checkbox"/> Poison Ivy | <input type="checkbox"/> Insect Stings/Bites |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Downs Syndrome | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Tourettes Syndrome | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Measles | <input type="checkbox"/> Drugs (specify) _____ | |
| <input type="checkbox"/> Mumps | | | _____ | |

Chronic/recurring illness/medical conditions including mental illness (depression, anxiety, etc.) _____

Dietary restrictions _____

Current Medications (List both prescription, OTC & herbal)

Medication name: _____ Dosage _____ Reason for taking _____

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Are all immunizations current? (MMR, tetanus-every ten years, hepatitis) Yes No

Describe your students swimming ability: Beginner Intermediate Advanced

Any other information you feel the leaders should know in advance about your student _____

We ask that all students adhere to our rules of conduct on trips and events: respect for people and property, no violence, no alcohol/drugs/weapons/tobacco/fireworks permitted, students are not allowed to drive to events, modest and appropriate clothing, and participation with the group is expected. Failure to comply with these expectations could result in your student being sent home at parental expense.

My child has permission to attend all church-sponsored youth activities as listed in calendars and/or Eastridge Church bulletin, including but not limited to the following: cook-outs, boating, water-skiing, swimming, basketball, roller skating, games in the park, paintball, broomball, volleyball, softball, baseball, camping, downhill skiing, snowboarding, water and snow sports, kickball, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, bowling.

Note: If it is your desire to limit your child's participation in any event, please submit your wishes in writing to Eastridge Church prior to that event

Parent(s)/Guardian Signature _____ Date _____

Student's Signature _____ Date _____

Eastridge Church Student Ministries
Waiver and Release From Liability
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I (We) acknowledge that my child's participation in the Eastridge Church youth program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I (We) acknowledge that my child's participation in any Eastridge Church youth activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the Eastridge Church youth program activities, I (We) agree to the following:

Eastridge Church is not responsible for the loss or theft of personal belongings

Initial _____

Misconduct may result in transportation home from any activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

Initial _____

I understand and authorize that my child's image may be photographed or filmed and used in video presentations, and printed publications-either digital (online) or paper publications.

Initial _____

I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: A) I **waive, release, and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Eastridge Church's youth activities, the following person, or entities: Eastridge Church, it's Senior Pastor and Associate Pastors, Trustees, Church Board, Deacons, employees, volunteers, representatives, subcontractors and agents of any of the above: B) I **agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part of Eastridge Church, Eastridge Church Staff or volunteers and: C) I **indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my student's actions. **I hereby assume the risks of my child participating in all Eastridge Church youth activities.**

Initial _____

The undersigned _____(parent/guardian), the parent and natural guardian or legal guardian of _____(student's name) hereby executes this document for and on behalf of the student named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the student in the execution of the Wavier and Release.

Initial _____

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the student named herein for the purpose of attempting to treat or relieve any injury received by said student. I authorize any such medical provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said student. I understand that attempts will be made to contact me in the most expeditious way possible. Permission is also granted to Eastridge Church representative to provide the needed emergency treatment to the student prior to his admission to a medical facility.

Initial _____

I give my permission to the staff to administer Tylenol/Acetaminophen, Ibuprofen, Benadryl/Diphenhydramine, over the counter antacids as needed or other over the counter medicine as needed.

Initial _____

Student's Name _____

Parent(s)/Guardian Name _____

Parent(s)/Guardian Signature _____