



# Lanier Christian Church Student Ministry Permission/Medical Release Form

## PERMISSION/MEDICAL RELEASE FOR:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ZIP \_\_\_\_\_ BIRTH DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL \_\_\_\_\_ MALE / FEMALE

PARENT/GUARDIAN'S NAME \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION:

EMERGENCY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SECONDARY CONTACT: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

HOME/CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

### MEDICAL INFORMATION: (REQUIRED FOR ALL OFF-CAMPUS ACTIVITIES)

ALLERGIES \_\_\_\_\_

MEDICATIONS BEING TAKEN \_\_\_\_\_

PHYSICAL HANDICAPS \_\_\_\_\_

MEDICAL INSURANCE CO. \_\_\_\_\_

NAME OF POLICY HOLDER \_\_\_\_\_ POLICY # \_\_\_\_\_

*FORM CONTINUED ON NEXT PAGE*

I GIVE PERMISSION FOR MY CHILD TO JOIN THE STUDENT MINISTRY OF **LANIER CHRISTIAN CHURCH IN GAINESVILLE, GA**, IN ANY OF THE ACTIVITIES OR TRIPS SPONSORED BY THE CHURCH, ITS STAFF, AND SPONSORS. I HEREBY RELEASE THEM FROM RESPONSIBILITY AND LIABILITY FOR ANY ILLNESS OR INJURY THAT MY CHILD MAY SUSTAIN DURING MINISTRY ACTIVITIES. IN THE EVENT OF AN EMERGENCY, I HEREBY AUTHORIZE AN ADULT LEADER OF THE STUDENT MINISTRY AS AGENT FOR ME, TO CONSENT TO ANY X-RAY EXAMINATION, MEDICAL, DENTAL, OR SURGICAL DIAGNOSIS, TREATMENT, AND HOSPITAL CARE ADVISED AND SUPERVISED BY A PHYSICIAN, SURGEON, DENTIST (AS APPROPRIATE), LICENSED TO PRACTICE UNDER THE LAWS OF THE STATE WHERE SERVICES ARE RENDERED, EITHER AT A DOCTOR'S OFFICE OR IN ANY HOSPITAL. I UNDERSTAND THAT IF I DO NOT HAVE MEDICAL INSURANCE, I, AS THE PARENT OR GUARDIAN, WILL BE RESPONSIBLE FOR ANY MEDICAL EXPENSES IN THE EVENT OF A SICKNESS AND/OR INJURY. I UNDERSTAND THAT THERE ARE RISKS INVOLVED IN TAKING PART IN RECREATIONAL ACTIVITIES AND OTHER ACTIVITIES RELATED TO PARTICIPATION IN STUDENT MINISTRY FUNCTIONS. BY SIGNING THIS FORM, I ALSO AGREE TO TRAVEL TO ANY DESTINATION TO PICK UP MY CHILD IF MY CHILD IS DISRUPTIVE OR INAPPROPRIATE IN ANY WAY, REGARDLESS OF WHERE THAT DESTINATION MAY BE.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE (MM/DD/YYYY) \_\_\_\_\_