

Medical Information and Release of Liability Form

Student Name: _____ Birth Date: _____ Grade: _____

Parent/Guardian Name(s): _____

Home Phone: _____ Father's Work: _____ Other: _____

Student's Cell: _____ Mother's Work: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Parents' Email: _____ Student's Email: _____

Emergency Contact Person: _____ Phone: _____

Insurance Company: _____ Policy/Group #: _____
(Please provide copy of card and copy of policy holder's driver's license)

Family Doctor: _____ Phone: _____

Allergies or other relevant medical conditions: _____

Current medications: _____

I understand that any activity or travel involves some element of risk, but that the staff and sponsors of Chapel Lane Presbyterian Church (hereafter CLPC) will make every effort to avoid such risk to my child. In the event of an emergency, I understand that every effort will be made to contact me. If I cannot be reached, I hereby authorize a representative of CLPC of Midland, Michigan, to act on my behalf to seek medically necessary treatment until I can be reached. I absolve CLPC and its representative from liability in acting on my behalf in this regard.

I allow CLPC to provide over-the-counter medication to my child to help relieve any issue that arises except for the following medications: _____

I also give CLPC permission to use my child's photo in the various publications that are produced:

Yes No

Parent/Guardian Signature: _____ Date: _____

COVENANT

Choose one:

By checking this box and initialing below, I grant permission for my child to participate in events at CLPC, or CLPC events at other locations, until Sept. 1, 2017. I understand that additional event-specific forms may be required.

By checking this box and initialing below, I will be required to complete a permission form each time my child travels with CLPC off church grounds, for any activity or event.

Initial here: _____

I promise to contribute, to the best of my ability, to happy and fun-filled CLPC events. I will be caring toward others and will share in the activities that are planned. I will conduct myself in a manner befitting a Christian and a representative of my church. I will not bring or use any alcohol, tobacco, or drugs during a CLPC event.

Student Signature: _____ Date: _____