

# Medical Release Form

Effective Dates: \_\_\_\_\_ to \_\_\_\_\_

Full Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Year in school: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

## Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

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Should this students activities be restricted for any reason? Please explain:

\_\_\_\_\_ has my permission to attend the  
Name of Student

Fascinate 08 Conference with the Church at the Gate Youth Ministries. This consent form gives my permission to seek whatever medical attention is deemed necessary, and releases the church and its staff of any liability against personal losses/injuries of named child.

I/We the undersigned have given our consent for him/her to attend events being organized by the Church at the Gate. I/We understand there are inherent risks involved in any ministry event, trip, or athletic event, and I/we hereby release The Church at the Gate, its pastors, employees, agents and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment deemed necessary by a licensed physician. In the event such treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such person free and harmless of any claims demands or suits for damages arising from the giving of such consent. I/we also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we also agree to bring my/our child home at my/our own expense should they become ill of if deemed necessary by the student ministries staff for any reason.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**These forms must be turned in before your child will be allowed to attend the event.**

**Hotel Rules:**

- Respect hotel property
- Respect room leader
- No leaving room after specified lights out time
- No girls rooms in guys rooms and no guys in girls room (at all).

**Overall Trip Rules:**

- No cell phone use unless calling a parent
- Ipod's are only to be used during trip down and back.
- Respect leaders and each other
- No Public displays of Affection.

I \_\_\_\_\_ agree to obey all of the above rules and am aware that if I  
(print name)  
do not, disciplinary action will be taken.

\_\_\_\_\_  
(Sign Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Parent/ Guardian Signature)