

2018 Parental Release Form



Student's Information

Student's Name: _____

Address: _____

City: _____ Zip Code: _____

Parent/Guardian: _____

Home Phone: _____

Emergency phone: _____

Grade: _____ Birthdate: _____

Male: ___ Female: ___

Student's Medical History

To be completed by parent or legal guardian

Health Insurance Co.: _____

Policy # _____ Group # _____

Is student on prescription medication? _____

If so, please list exactly what it is and when it needs to be taken: _____

ALL MEDS MUST BE KEPT IN ORIGINAL PACKAGING

Date of last tetanus shot: _____

Does student have any of the following conditions?

Diabetes: Yes No Tuberculosis: Yes No

Epilepsy: Yes No Asthma: Yes No

Other: _____

Allergies (severe reactions only):

Hay Fever: Yes No Penicillin: Yes No

Poison Ivy: Yes No Insect Stings: Yes No

Other Drugs: _____

Foods: _____

List any surgeries or serious injuries in the last two years: _____

Restricted Activities: _____

Dietary Restrictions: _____

Parental Medical and Activity Release

THIS RELEASE IS NOT VALID WITHOUT THE FOLLOWING SIGNATURE

My child will cooperate with the leaders, rules, and program of the event. I understand that I will be held responsible for any damage done by my child, and I will pay for any and all repairs. I acknowledge that some activities contain inherent risks of injury. Any controversy or claim arising out of or related to the student's participation in this activity shall be settled by binding arbitration pursuant to the applicable rules of the American Arbitration Association.

I hereby give my consent to the chaperones of the New Life Church Youth Group to contract, consent, and obtain x-ray examination, anesthetic, medical or surgical diagnosis or treatment including, but not limited to, operative care, hospital care, and dental care for or on behalf of the named minor upon the advice of any physician, dentist, or surgeon of their choice licensed in any state of the United States of America.

This authorization is given pursuant to Section 25.8 of the California Civil Code and is intended to be effective both within and without the state of California.

I also give my permission for the above named minor to participate in the activities sponsored by the New Life Church Youth Group, and to be transported by the chaperons as necessary. I assume full responsibility and furthermore give my permission to the chaperons and medical personnel to obtain and administer any necessary medical attention in case of an emergency. I will accept the financial responsibility of such treatment." I do also certify that my child's immunizations are up-to-date.

This authorization is to commence on *January 1, 2018* and to terminate on *December 31, 2018*.

Parent/Legal Guardian's Signature _____ Date _____