

MEDICAL RELEASE FORM

Medical Release forms will be kept on file for 1 year. By signing on the back side of this form, you are giving your student permission to participate in any off-site activities that The Highway, a ministry of Greeley Wesleyan Church, holds throughout the year. This will eliminate the need for parents to complete a permission slip for each event. There may be additional release forms that are required by the event venues (ex: Cone Youth Camp and Timberline Lodge), which will be provided when needed. If there is a specific event that you wish to prohibit your student from participating in please contact the Student Ministries department in the church office prior to that event.

Student Information

Name: _____ Preferred Name: _____

Address: _____ Phone: _____

City: _____ State: _____ ZIP: _____

Grade: _____ Age: _____ Date of Birth: _____ Gender: MALE FEMALE

School: _____

Email Address _____

Mother's Name: _____ Father's Name: _____

Person to Notify: _____ Day Phone Number: _____

Evening Phone Number: _____ Pager/ Cell Phone #: _____

Alternate Emergency Contact: _____ Phone Number: _____

(over)

MEDICAL INFORMATION

Insurance Company: _____ Policy Number: _____

Group Number: _____ Policy Holder Name: _____

Doctor Name & Phone _____ Date of last Tetanus _____

List any physical limitations which might hinder participation in activities: (allergies, asthma, etc.): _____

List any medication (and doses) which are taken regularly: _____

List any special information should medical treatment be required (rare blood types, medication allergies, high blood pressure, diabetes, missing organs, Etc.): _____

MINOR CHILDREN

I, _____, the parent or legal guardian of _____, (hereinafter referred to as "MINOR") a minor, hereby acknowledge that said minor is presently under my care and custody. I hereby give said permission to go to and participate in activities with GREELEY WESLEYAN CHURCH of GREELEY, COLORADO, (hereinafter referred to as "CHURCH").

In the event there arises an emergency, necessitating medical or surgical attention, I hereby consent and give my permission to the church, its representatives, or trip leaders to seek necessary emergency medical attention.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given in advance to provide authority and power on the part of the aforesaid agents to give a specific consent to any and all such diagnosis, treatment, or hospital care which the aforesaid physician in the exercise of his best judgment may deem advisable.

I, the undersigned parents and/or guardian of said minor do release, acquit, discharge, and covenant to hold harmless the church, its representatives, or trip leaders from any and all actions, damages, and/or liabilities arising out of any accident or sickness, or treatment thereof, incurred by said minor during activities with the church.

PERMISSION TO USE PHOTOGRAPHS

(I) (we) (parents) (guardians) of the child named on the reverse side give permission for Greeley Wesleyan Church to use any photos that were taken of my child during Greeley Wesleyan Church events for future promotional use. I understand that my child will not be identified in any way.

I, the undersigned, request that my student, be permitted to participate Greeley Wesleyan Church youth events. I understand that my permission and consent to treatment will be kept on file and will need to be updated annually, based on the date below.

Signature of parent and/or guardian _____ **Dated:** _____