



**Faith Promise Church  
Student Ministry Release Form**

*Student Release and Indemnification Waiver  
Good for 1 Year From Date*

**Liability Release:**

1. **Liability:** My name is (PARENT NAME) \_\_\_\_\_ and by this instrument, I do hereby release, acquit, hold harmless and forever discharge **Faith Promise Church**, its agents, servants, and employees, and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of action of any kind whatsoever, including but not limited to actions, suits and/or claims for any bodily injuries, death or property damage which may be sustained by (STUDENT NAME) \_\_\_\_\_ while participating in any activity, or activities, including travel to from, and during such activities and any negligence or lack of care due or claimed to be due to the conduct of any agent, servant, or employee of **Faith Promise Church**.

2. **Medical:** By signing this agreement, I give my permission for (STUDENT NAME) \_\_\_\_\_ to receive medical attention/treatment in the event of an emergency. It is my responsibility to provide current and correct insurance information to the Student Ministry offices and my responsibility to update such information should it change within the year.

3. **(Non-Insured Participants Only):** I \_\_\_\_\_ (PARENT NAME) understand that I am fully liable for any and all medical expenses that my student may incur from necessary medical treatment associated with any sickness or accident.

Date: \_\_\_\_\_ Parent/Legal Guardian Signature: \_\_\_\_\_  
Medical Insurance Policy #: \_\_\_\_\_  
Policy issued under name of: \_\_\_\_\_

IF MY INSURANCE **CHANGES** AT ANY TIME DURING THE YEAR, I  
UNDERSTAND IT IS **MY RESPONSIBILITY** TO NOTIFY THE STUDENT MINISTRY OFFICES.

PLEASE ATTACH A COPY OF THE FRONT AND BACK OF STUDENT'S  
**CURRENT INSURANCE CARD.**

**Image Release:**

I hereby allow photographs and video of my child's participation in the **Faith Promise Student Ministry** events to be published via print, video, or website which are affiliated with **Faith Promise Church**. I understand that publication may be accomplished electronically via the Internet/World Wide Web, copying my child's photographs and video there from, and subsequently using, altering, or republishing it without my consent. I waive any claim for damages against the Church from the unconsented - to use, alteration, or republication of my child's photographs and video by third parties accessing the Internet/World Wide Web or obtaining copies of the print or video material.

SIGNATURE OF PARENT or Legal Guardian: \_\_\_\_\_

Printed Name of PARENT or Legal Guardian: \_\_\_\_\_

Printed Legal Name of STUDENT: \_\_\_\_\_

Date: \_\_\_\_\_

## MEDICAL INFORMATION AND HISTORY

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
*Street City State ZIP*

HOME PHONE: \_\_\_\_\_

MOTHER'S NAME : \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

FATHER'S NAME : \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In Case of Emergency, call: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please Check: (for student) \_\_\_\_\_ Male \_\_\_\_\_ Female

List date of last immunization: DPT: \_\_\_\_\_ Tetanus: \_\_\_\_\_  
MMR: \_\_\_\_\_ Polio: \_\_\_\_\_

Check if you have had: \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Whooping Cough \_\_\_\_\_ Mumps  
\_\_\_\_\_ Measles \_\_\_\_\_ Other

Please list any allergies: Foods: \_\_\_\_\_ Insects: \_\_\_\_\_  
Medicines: \_\_\_\_\_

Does your child suffer from, or has ever experienced, or is being treated for any of the following:  
\_\_\_\_\_ asthma \_\_\_\_\_ epilepsy/seizures \_\_\_\_\_ heart trouble \_\_\_\_\_ diabetes  
\_\_\_\_\_ physical handicap \_\_\_\_\_ frequent upset stomach \_\_\_\_\_ high blood pressure  
\_\_\_\_\_ other (please explain) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous Serious Illnesses: \_\_\_\_\_

Current medications and dosages: \_\_\_\_\_  
\_\_\_\_\_

Special Dietary Issues: \_\_\_\_\_

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## OVER THE COUNTER MEDICATION

I give the student ministry staff the permission to administer any over the counter drugs, with the exception of those listed below at the discretion of the staff member to my student. If this section is not signed no over the counter medicines will be given to your student.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

List any medication that you do not want us to give to your student: \_\_\_\_\_