



**Faith Promise Church
Student Ministry Release Form**

*Student Release and Indemnification Waiver
Good for 1 Year from Notary 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: _____

Notary Public Signature: _____ Date: _____
(please stamp notary stamp below 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: _____

