

Elim Student Ministries

2017 Medical Release/ Waiver/Permission to attend Form

Name _____
(Please Print)

Address _____

City _____ Zip _____

Phone Number (_____) _____

Parent/Guardian Name _____
(Please Print)

Please list the names and phone numbers in order you would like us to contact in the event of an emergency regarding your child.

1. _____
(Name) (Area Code) (Phone Number) (Cell)
2. _____
(Name) (Area Code) (Phone Number) (Cell)
3. _____
(Name) (Area Code) (Phone Number) (Cell)

Known Food, Medicine or other Allergies

Doctor/Hospital to contact if needed

(Name) (Area Code) (Phone Number)

Medical Insurance/Policy Info Needed for Emergency

Please read, complete and sign the following emergency medical authorization and waiver for your child:

As the parent/Guardian (circle appropriate relationship) of _____, I do here authorize them to attend all 2017 Elim Student Ministries function(s). I authorize them to meet with and ride in a vehicle with leader(s) of Elim Student Ministries. I also waive all claims against Elim Evangelical Free Church of any injury that may be sustained by our said minor child at the church function(s). Elim Evangelical Free Church may publish photos taken of minor child and I release all rights to remuneration for such photos. In addition, as outlined below, I do herewith authorize the treatment of the above named minor by a qualified and licensed medical doctor in the event of a medical emergency which in the opinion of the attending physician may endanger his or her life, causing disfigurement, physical impairment, or undue discomfort, if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release/waiver/permission form is completed and signed of my own free will with the purpose of authorizing my child's participation of Elim Student Ministries also known as Common Ground Student Ministries.

(Signature of Parent or Guardian)

(Date)