

Elim Student Ministries

Medical Release/Waiver/Permission-to-Attend

Student Name _____
(Please Print)

Address _____

City _____ Zip _____

Phone Number (____) _____

Parent/Guardian Name _____
(Please Print)

Please list the names and phone numbers in order that 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 authorization and waiver for your child:

As the parent or guardian (**circle appropriate relationship**) of _____, I do here authorize them to attend all Elim Student Ministries functions. I authorize them to meet with individual leaders of Elim Student Ministries within appropriate boundaries and to ride in a vehicle with leader(s). I also waive all claims against Elim Evangelical Free Church, its staff, and volunteer leaders, of any injury that may be sustained by above stated minor child at the church functions. Elim Evangelical Free Church may or may not (**circle one**) publish photos and/or videos taken of minor child and I release all rights to remuneration for such images. 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, a ministry of Elim Evangelical Free Church.

(Signature of Parent or Guardian)

(Date)