

# Alliance Student Ministries, Alliance Church of Menomonie- Permission Slip & Medical Release Form

\*Please fill out one per student

Student's Name: \_\_\_\_\_

Grade in Fall 2017: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

t-shirt size (adult sizes) S M L XL XXL

Home Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## **CONTACTS:**

Parent/Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## **Emergency Contacts:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

## **Medical Information:**

Medical Insurance Co: \_\_\_\_\_

Policy #: \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Special Medical Conditions:** Allergies, Chronic Illness, or other conditions/instructions:

## **Current Medications:**

**Date of Last Tetanus shot:** \_\_\_\_\_

**Any other information (special needs, concerns):**

I hereby grant permission for my child to participate in the Alliance Church of Menomonie Middle School/ High School Student Ministries programs/events. Should any problems arise concerning the behavior of my child that would require them to return home prior to the end of the activity, I will pay for his or her return or come pick up my child.

I recognize that the Alliance Church of Menomonie uses photographs and video images of events in their publicity materials such as the church website and newsletters and I hereby grant permission for photo/video images of my child to be taken and used for such purposes.

My child may be given acetaminophen, ibuprofen, or Sudafed by the Adult Leadership (Pastor Kyle) as needed unless otherwise indicated in the Special Medications Section.

I authorize treatment, by a qualified and licensed medical doctor, of the minor listed above in the event of any medical emergency which, in the opinion of the attending physician, is necessary and I/we cannot be reached after reasonable effort has been made to secure my personal consent.

Any medical expenses are the responsibility of the participant and their insurance carrier. I, the parent/guardian of the registrant, a minor, recognize the possibility of physical injury associated with the Alliance Church of Menomonie Student Ministries. In consideration for the Alliance Church of Menomonie accepting the registrant for its programs and activities, I hereby release, discharge, and/or otherwise indemnify the Alliance Church of Menomonie, its employees and associated personnel, including the owners and directors of facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Signed: \_\_\_\_\_ (parent or legal guardian)

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