



Parkside Chapel - Student Ministries
Medical Release Form

Student Information (list multiple children in same family below)

Name of Student _____ Birth Date _____ Grade _____

Name of Student _____ Birth Date _____ Grade _____

Name of Student _____ Birth Date _____ Grade _____

Address _____ City _____ ST _____ Zip _____

Emergency Contact Information

Name of Parent/Guardian _____

Home Phone _____ Parent's Cell Phone _____

Secondary Emergency Contact (Name): _____ Phone _____

Medical Information

Insurance Carrier _____

Name of Insured _____

Policy # _____

Group # _____

Physician _____ Phone # _____

(If completing this form for **multiple children**, list name of child next to "medical condition" or "allergy")

Existing Medical Conditions _____

Allergies _____

Consent for Emergency Treatment

In the event I cannot be reached in an emergency during the activity my **child(ren)** is/are attending, I hereby give my permission to the hospital, physician or dentist selected by *Parkside Chapel* to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

Parent/Guardian Signature: _____

Date: _____



Student Ministries—Permission Slip

Participation, Release, Waiver & Indemnity Agreement

Name of Event: _____

Date of Event: _____

I, the undersigned, give permission for my **child(ren)**, as listed below, to participate in the above activity.

Name of Child(ren): _____

I, on behalf of myself, my child(ren), my assigns and my estate, agree to release and hold harmless *Parkside Chapel*, its officers, Board agents or employees, for any and all claims for injuries, causes of action, or liability related to my child’s participation in any activity occurring at *Parkside Chapel* or while participating in an off-premises activity sponsored by *Parkside Chapel*. This release does not apply to intentional and/or willful acts of misconduct by *Parkside Chapel* or any of its officers, Board agents or employees.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by *Parkside Chapel*. My child/youth and I understand that SEAT BELTS MUST BE WORN AT ALL TIMES during transportation.

Should *Parkside Chapel*, or anyone acting on their behalf, be required to incur attorneys’ fees and cost to enforce this agreement, I agree to indemnify and hold *Parkside Chapel* harmless for all such fees and costs.

By signing this document, I acknowledge that if anyone is hurt or property damaged during my or my child’s participation in these activities, I and/ or my child may be found by a court of law to have waived any right to maintain a lawsuit against *Parkside Chapel* on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Consent for Emergency Treatment

In the event I cannot be reached in an emergency during the activity my **child(ren)** is attending, I hereby give my permission to the hospital, physician, or dentist selected by *Parkside Chapel* to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

Photo Release

Only check this box if you DO NOT agree with the following statement:

“I will allow Parkside Chapel to photograph my child and understand that these images may be used in print publications, online publications, presentations, websites, and social media. No royalty, fee, or other compensation was exchanged for this purpose.”

Parent/Guardian’s Signature: _____ **Date:** _____

Print Name: _____

Student Covenant

I _____, as a student of *Parkside Chapel* and while involved in the ministries of the church, do submit myself to the leadership of the Student Ministries Staff and do commit to being a faithful witness to Jesus Christ and to *Parkside Chapel* on any outing or activity that I will be participating in.

Student Signature: _____ **Date:** _____