

**2008-2009 MINISTRY YEAR
MIDDLE SCHOOL
MEDICAL/LIABILITY RELEASE FORM**

Student Name _____ Sex _____ Grade _____
Address _____
City/ State _____ Zip _____
Birth date _____ Age _____ Phone #'s (home/cell) _____
Parent (s) Name _____
Phone #s Home/Work /Cell: _____
Parent's Email Address(s): _____
Insurance Company _____ Hospital Insurance ___ Yes ___ No
Insurance Address _____
Policy Number _____ Insurance Phone _____
Emergency Contact _____ Phone Numbers: _____
Relationship _____
(A person other than parents)

Student Medical Information:

1. Are you currently under a doctor's care? _____ If so, for what reason? _____
2. Have you had any serious physical or emotional illness in the past 2 years? _____
If so, please explain. _____
3. When was your last physical exam? _____
By whom? _____
4. List medications taken regularly & give reasons. _____
5. List allergies (foods, medications, others) _____

6. Do you have any physical limitations? _____
7. Date of last tetanus shot. _____

To whom it may concern:

The undersigned does hereby give permission for our (my) child _____,
to attend and participate in activities sponsored by Fellowship Evangelical Free Church.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to an X-ray, examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

We (I) understand that this form releases Fellowship Evangelical Free Church, it's staff, and volunteer leaders/chaperones of any liability against personal losses of named child. We (I) also agree to bring our child home at our own expense should they become ill or if deemed necessary by the staff.

Parent/guardian Signature _____ Date _____

PLEASE FILL OUT COMPLETELY FOR THE SAFETY OF YOUR CHILD

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MEDIA RECORDING RELEASE**

I, the undersigned, do hereby grant permission to Fellowship Church to use the image of my child, _____.

This can include the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken of my child for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Fellowship Church web site. I agree that these images may be used by Fellowship Church for a variety of purposes and that these images may be used without further notifying me. I do understand that the child's last name will not be used in conjunction with any video or digital images.

Parent/guardian signature _____ Date _____