

Parent/Guardian must read and complete both pages
In the event of an emergency, this form will be essential for parental contact and appropriate care

Please print

Event Date _____

Name _____ Birthdate _____ Age ____ M ____ F ____

Street Address _____ City _____ State ____ Zip _____

Home Phone _____ Emergency Phone _____ Grade _____

Parents' or Legal Guardians Name _____

Medical Insurance Company _____ Policy # _____

Current Medications

Kind	Frequency	Dosage	Explanation
1.			
2.			
3.			

Physical Evaluation

Has your child been hospitalized for illness, accident or had surgery in the last 12 months?

Yes _____ No _____

If yes, please explain _____

Should this child's activities be restricted for any reason? Yes _____ No _____

If yes, please explain _____

Please check the following areas of concern for this student

Allergies: _____ Hay Fever ____ Drugs (please list) _____ Asthma ____ Food ____ Insect Bites

Does this student suffer from, ever experienced, or is currently being treated for

_____ Epilepsy/Seizure Disorders _____ Heart Trouble _____ Diabetes

PARENT/GUARDIAN MUST READ AND COMPLETE BOTH SIDES!
IN THE EVENT OF AN EMERGENCY, THIS FORM WILL BE ESSENTIAL FOR PARENTAL CONTACT AND
APPROPRIATE CARE

MEDICAL RELEASE:

I hereby authorize the treatment of the above 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/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said child is participating in a church program including transportation to and from that program. This authority is granted only after a reasonable attempt has been made to contact me.

TRANSPORTATION RELEASE:

Please be aware that students will be transported to and from trip in a church, rental, or private vehicle _____ Initial Please.

PERSONAL BELONGINGS RELEASE:

I realize that Sidney Evangelical Free Church is not responsible for personal belongings. _____ Initial Please.

DISCIPLINE RELEASE:

If in the event of repeated student misconduct, I authorize the staff to send my child home at my (Parent's/Legal Guardian's) expense _____ Initial please.

GENERAL RELEASE:

The undersigned or a member of the immediate family of the undersigned desires to participate in the trip or various programs, events, or activities (hereinafter collectively referred to as "activities") operate or sponsored by Sidney Evangelical Free Church (hereinafter referred to as the "church"), including the trip named on the reverse side of this form.

The undersigned or a member of the immediate family of the undersigned or a member of the immediate family of the undersigned may incur personal injury or bodily damage while participating in such activities, and acknowledge that the Church, its officers and its directors, and its employees, its agents and any parties volunteering on behalf of the Church, shall be held harmless from all actions, claims, costs, expenses or damages of any kind of growing out of or related to any activity of the Church in which the undersigned or a member of the immediate family of the undersigned participates.

The undersigned or a member of the immediate family of the undersigned further acknowledge that this is a full and complete release for all injuries and damages which the undersigned or a member of the immediate family of the undersigned may sustain as a result of the undersigned or a member of the immediate family of the undersigned's participation in any church activity.

I, _____ being the legal guardian of _____ give my
(Participant's parent/Legal guardian) (Participant)
permission for him/her to go, to travel and participate in the event identified on the reverse side of this form under the direction of Sidney Evangelical Free Church Student Ministries.

Dated: _____ Signed: _____

State of Nebraska

County of _____

The Foregoing instrument was acknowledged before me this

_____ by _____
(date) (name of person acknowledged)

Notary Public Signature _____

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