SMCC Youth Ministry

Medical Information & Release Form

I, the parent or legal guardian of the student listed on this form, certify that he/she has my full approval to participate in all South Mills Church of Christ youth events and retreats. The student identified on this form understands that all students are expected to abide by the SMCC Youth Ministry Conduct Guidelines and be directly responsible to the Youth Evangelist. The Youth Evangelist assumes responsibility for discipline on trips, and, if necessary, may, because of misconduct or disobedience, require a student to leave. In such instance, I will assume full responsibility for returning the student home.

Further, I do release and hereby agree to hold blameless South Mills Church of Christ and it's employees and sponsors from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with the said trip.

Further, I do authorize the Youth Evangelist or sponsor of this activity or any SMCC Youth Ministry volunteer staff member, in the event that I cannot be reached by phone, to give consent to physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do certify that said youth is covered by adequate accident insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

_____ _____

Signature of Parent or Guardian Date

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PLEASE PRINT INFORMATION BELOW:

Student's Name: _____

Last: First: M.I.:

Birth Date: _____ Grade/Year of Grad. _____

List known allergies and medications currently taking _____

_____

Health Insurance Company: _____ Policy #_____

Father's Name: _____ Mother's Name_____

Home Address: _____ City: _____ State: ____ Zip: _____

Day Time Phone( )_____ Evening Phone: ( )_____

Person to notify in the event you cannot be reached:

Name:_____ Relationship:_____ Phone#( )_____