

STUDENT MEDICAL RELEASE FORM

Northwest Community Church 505 W. Hardy Road Tucson, Arizona 85704 Effective: January 1, 2016 – December 31, 2016 (One form per child-To be completed by Parent or Guardian)

Name of Participant				
Address				
City	State	Zip		
Phone	Birth Date	School Grade		
Contact person in case of emergency				
Phone	Cell Phone			
Relationship to Participant				
Allergies to medications; serious allergic r separate sheet)		pecial health problems (please list or attach a		
Prescription drugs or drug therapies: (plea	ase list or attach a se	parate sheet)		
Family Physician				
Address		Phone		
Insurance Company				
Policy #	Name of Insured	Name of Insured (i.e. Father's name)		
For your information, these are our •Respect one another, staff and adult lead •No lighters permitted •No students permitted to drive for even •No offensive or immodest clothing •Participation with the group expected Failure to comply with these expects expense!	ers	contact the contact that the contact tha		
but not limited to the following: cook-out soccer, paintball, volleyball, softball, baseb	s, swimming, basketb all, camping, hiking, b	t ministry activities as listed in calendars, including pall, roller skating, rollerblading, games in the park, iking, concerts, Bible studies, golfing, miniature golf. ent, please submit your wishes in writing to Northwest		
Signature of Parent or Legal Guardian		Date		
Student's Signature		Date		

Waiver and Release from Liability Northwest Student Ministries

I acknowledge that my child's participation in the Northwest Community Church student ministry program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I acknowledge that my child's participation in any Northwest Community Church student ministry activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the Northwest Community Church student ministry program activities, I agree to the following:

Northwest Community Church is not responsible for the loss or theft of personal belongings.

Initial	·				
	Misconduct may result in transport disciplinary reason will not receive	tation home from an activity at parents' a refund of the activity fee.	expense. A student dismissed for a		
Initial	,,				
		y child's image may be photographed or t			
Initial	 printed publications and the annual photo directory with their address of Northwest Community Church Ministries including the internet website. 				
Initial	and assigns: A) I waive, release, a	for my child, myself, my executors, admin and discharge from any and all claims of ut of or relate to my child's participation	or liabilities for death or personal injury		
	student ministry activities, the following person, or entities: Northwest Community Church, its Pastors, Elders, employees, volunteers, representatives, subcontractors and agents of any of the above: B) I agree not to sue any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part Northwest Community Church, Northwest Community Church staff or volunteers and: c) I indemnify and hold harmless the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. I hereby assume the risks of my child participating in all Northwest Community Church student ministry activities.				
	The undersigned	(parent/guardian), the p	arent and natural guardian or legal		
Initial	guardian of (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible.				
Initial	treatment to the student prior to l	rthwest Community Church representat his admission to a medical facility. I give r	ny permission to the staff to administer		
	, , , , , , , , , , , , , , , , , , , ,	orofen, Benadryl/Diphenhydramine or ov	er the counter antacids as needed.		
	Student's Name				
	Signature of Parent or Legal Guard	lian	Date		