

Saint John's



United Church of Christ

ACTIVITY AND TRANSPORTATION RELEASE FORM

Dependent Name	
Relationship	
Address	
City State Zip	
Home Phone	
Date of Birth	
Social Security #	
Parent/Guardian	
Work Phone	
Address	
City, State, Zip	
Home Phone	
Doctor's Name	
Office Phone	
Emergency Contact	
Contact Address	
City, State, Zip	
Contact Phone	
Work Phone	
Hospital Preference	
Insurance Info – Attach copy of front and back of card	
Insurance Company	
Group Number	
Group Name	
Insured's Soc Sec #	

Signature of parent/guardian

Health History

Please list any Special Medical Conditions

Last Tetanus Shot _____

Medications to be taken (list with directions)

Medication Allergies? List if any

May be given as necessary:

Aspirin Yes _____ No _____

Tylenol Yes _____ No _____

Ibuprofen Yes _____ No _____

Any Specific Activities

Encouraged _____

Discouraged _____

I hereby give consent in advance to the designated Youth Leaders of St John's Bem UCC Church and to the physicians or hospitals selected by them to render first aid treatment or deny treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens, and x-rays, giving blood transfusions, and medications, anesthesia, and surgery for my dependent listed above. I understand that the Youth Leaders of St John's Bem UCC will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency.

I release all Youth leaders and staff affiliated with St John's Bem UCC from any and all claims, loss, cost, damage, or expense arising out of or from any accident or other occurrences causing injury to any person or property.

TRANSPORTATION RELEASE

Applies to students only

I give permission for my youth to be transported to and from church sponsored activities in a church, rental, or private vehicle.

Initial _____

DISCIPLINE RELEASE

Applies to students only

In the event of misconduct, I authorize the staff to send my student home at my expense.

Initial _____

INSURANCE RELEASE

Applies to all traveling

I realize the church insurance begins where the individual health and accident policy terminates. It is only valid when all other insurance has been extended to its limits.

PERSONAL BELONGINGS RELEASE

Applies to all traveling

I realize that the church or its sponsors are not responsible for personal belongings.

Initial _____

GENERAL RELEASE

Applies to all traveling

The undersigned or a member of the immediate family of the undersigned realizes that the participant may incur personal injury or bodily damage while participating in such activities, and acknowledge that the church, it's officers, directors, employees, agents, or any other parties volunteering on behalf of the church, shall be held harmless from all actions, claims, costs, expenses or damages of any kind, growing out of or related to any activities of the church. The undersigned or a member of the immediate family of the undersigned further acknowledge this is a full and complete release for all injuries and damages which the participant may sustain as a result of participating in any activity.

I, _____, being the legal guardian of _____ give my permission for him/her to participate in church sponsored activities.

Date _____

Parent / Guardian's Signature _____