

# STUDENT RELEASE FORM



Church Name: \_\_\_\_\_

Student's First & Last Name: \_\_\_\_\_

Sex:  Male  Female Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

Phone #: ( ) \_\_\_\_\_ Type:  Mobile  Landline

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mobile #: ( ) \_\_\_\_\_

Mother's Name: ( ) \_\_\_\_\_ Mobile #: ( ) \_\_\_\_\_

Emergency Contact's Name: \_\_\_\_\_ Mobile #: ( ) \_\_\_\_\_

## MEDICAL INFORMATION

Restrictions/Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_ Last Tetanus: \_\_\_\_/\_\_\_\_/\_\_\_\_

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Physician's #: ( ) \_\_\_\_\_

## PARENTAL CONSENT

I hereby give permission for my child, \_\_\_\_\_, to participate in the scheduled event activities and consent and agree to hold harmless the Assemblies of God, Northern California and Nevada District Resource Center, its agents, employees, or volunteer assistants from claims that I (as a parent) might have arising out of my child's participation in this program. I have explained the meaning "hold harmless" to my child, and his/her signature below indicates his/her agreement to do the same.

**If it should become necessary for my child to receive medical treatment for any reason, I understand that the Assemblies of God/Northern California and Nevada District Resource Center's medical insurance policy acts in a primary position ONLY when the participant is not already covered by insurance. Consequently, I agree to submit all claims first to my insurance company and then to the insurance for the Assemblies of God/Northern California and Nevada District Resource Center.**

I also accept full responsibility for the cost of medical treatment for any injury not covered by insurance. In addition, I authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my child's health, and it is not advisable to take the time to contact me in advance. I waive my right to informed consent for each treatment.

Moreover, I understand that temporary, emergency measures may be necessary to safeguard my child's health and do hereby authorize and request the Assemblies of God/Northern California and Nevada District Resource Center personnel to administer or supervise until such time as my child can be safely transported to a doctor or hospital.

Photography and video recording will take place at this event as part of the event records and for future event promotions. By signing below, I give consent for the Assemblies of God to use any photos or video that includes me or my child for its publications, promotions, and records.

\_\_\_\_\_  
Parent's Printed Name                      Parent's Signature                      Child's Signature                      Date