

Medical Release and Permission Form

YOUTH NAME: _____ BIRTH DATE: _____

PARENT/GUARDIAN NAME(S): _____

ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT NAME AND PHONE: _____

_____ has my permission to attend the Student Leadership Academy.
(Youth Name)

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Annual Conference and its staff and volunteers of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Annual Conference. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Annual Conference, its pastors, employees, agents and volunteer workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Annual Conference, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home and my/our own expense should they become ill or if deemed necessary by the Annual Conference staff member.

Parent/Guardian signature: _____ Date: _____

Printed Name: _____

Youth Medical/Insurance/Dietary Information:

Medical Ins. Company: _____ Phone #: _____

Policy Holder Name: _____ Policy #: _____

Physician: _____ Office Phone: _____

Medications: _____ Doses: _____

Allergies: _____

Special Dietary Needs: _____

Driving Permission

____ Please check here if your youth has permission to drive to/from the event. (Note: They are not allowed to drive other youth in attendance.)