

BELIEVERS FELLOWSHIP RELEASE FORM

STUDENT INFORMATION

Name: _____ Male/Female: _____
Date of Birth: ____ | ____ | ____ Grade Entering Fall: _____ Projected Graduation Year: _____
Address: _____ Home Number: _____
Student Email: _____ Cell: _____

PARENT INFORMATION

Father's Name: _____ Father's Work or Cell Phone: _____
Mother's Name: _____ Mother's Work or Cell Phone: _____
Father's Email: _____ Mother's Email: _____

If parent cannot be contacted, please indicate alternate adult(s) whom the church should call. Please indicate the relationship (i.e. neighbor, grandparent, aunt, etc...)

Alternate Adult: _____ Relationship: _____ Phone: _____
Alternate Adult: _____ Relationship: _____ Phone: _____
Signature of parent or legal guardian: _____ Date: _____

MEDICAL HISTORY

Please check the illnesses that this student has had and/or the health conditions that the church should be aware. Give dates (if possible) when the illness occurred or when the condition was first detected.

Date:

_____ Asthma	_____	Does this student wear glasses? _____
_____ Chicken Pox	_____	Does this student wear contacts? _____
_____ Convulsions:	_____	Has this student undergone surgery? _____
_____ Diabetes:	_____	If yes, please list: _____
_____ Epilepsy:	_____	_____
_____ Heart Conditon:	_____	Does this student have allergic reactions to any drug, food,
_____ Hepatitis:	_____	insect bites, etc.? _____
_____ Mononucleosis:	_____	Name(s) of drug: _____
_____ Mumps:	_____	Name(s) of food: _____
_____ Rheumatic Fever:	_____	Name(s) of insects: _____
_____ Scarlet Fever:	_____	Other: _____
_____ Other: _____	_____	Does this student have any hearing loss? _____

Does this student take medication on a regular basis? _____ If yes, explain: _____

Please list any additional health problems not previously covered: _____

_____ Last date of tetanus shot: _____

Should this student's activities be restricted for any other reason (explain): _____

(Please Turn Page Over)

INSURANCE INFORMATION

Insurance Company: _____

Policy Number: _____ Group Number: _____

Physician's Name: _____

Physician's Number: _____ Physician's Fax: _____

PARENT OR LEGAL GUARDIAN CONSENT

My/Our child, as named on this form, has my/our permission to attend all youth sponsored activities by Believers Fellowship. This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, elders, employess, 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. I do consent to any x-ray, anesthetic, medical, sugerical, or dental diagnosis or treatment that may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leader available; I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasoable safety precautions during their care. Further, as a parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. Any policy of the church or organization sponsoring this event will be used as the secondary coverage. Activities may include, but are not limited to: cookouts, swimming, basketball, skateboarding, wakeboarding, tubing, games in the park, mid-week meetings, and/or the Church facilities, soccer, ice skating, broomball, volleyball, softball, baseball, neb's head, camping, downhill skiing snowboarding, snow tubing, hiking, biking, bus, car, or van rides to/from event locations, air travel, concerts, Bible studies, miniature golf. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the church office prior to that event.

I/We also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by a student ministries staff member.

Parent Signature: _____ Date: _____

Parent Printed Name: _____

PERSONAL CONSENT

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

Signature: _____ Date: _____

Printed Name: _____