



2018/2019 Liability & Medical Release Form

(fill out one form for all youth events for the whole year)

Student's Name _____

Parent(s)/Guardian(s) _____

Home Phone # _____

Parents' Cell #(s) _____

Emergency Contact (Other than Parent/Guardian) _____

Relationship _____ Phone # _____

Medical Insurance Carrier _____ Policy Number _____

Allergies (Drugs, Food, Other) _____

Medications: _____

May we administer over the counter medication? : Yes No

Activity Limitations/Known Health Conditions (Attach a Page)

My Student named above has permission to participate in activities with Velocity Student Ministries (of First Evangelical Free Church, Minneapolis, MN), that happen between August 1, 2018 and August 1, 2019. In the event of accident or injury, I give my approval for any emergency medical treatment. I also take full responsibility for any damages incurred by my student.

Parent Signature: _____ Date: _____

Signature of Student _____ Date: _____

(If Over 18 Years of Age)