

**Valley Wide Youth Ministry Student Medical Release Form 2021
Fort Jones Community Church and Scott Valley Berean Church**

Student Information

Name _____ male female Age _____ Birthdate _____
Address _____ City _____ State _____ Zip _____
Phone _____ Date of last tetanus shot _____ School _____ Grade _____
Mother's Name _____ Father's Name _____

In case of emergency, the first person I want called is:

1. Name _____ Relationship _____ Phone _____ hm wk
2. Name _____ Relationship _____ Phone _____ hm wk
3. Name _____ Relationship _____ Phone _____ hm wk

Allergies, medicines, or medical information that needs to be known about this student: _____

Medical Insurance Information

Doctor _____ Phone _____
Insuring Parent's Name _____
Insurance Company _____ Policy Number _____
Parent's Employer (Company) _____ Phone _____
Address _____ City _____ State _____ Zip _____

I understand that in the event of a medical emergency every effort will be made to contact the parent or guardian listed above. However, in the event that the above named parent or guardian cannot be reached, I hereby authorize the church minister(s), or youth sponsor(s) present on such trip, activity or event to select such physicians, nurses, medical authorities and/or hospitals to administer proper treatment for my child and or to order and administer to him/her such injection, medication, anesthesia, surgery, hospitalization or such other medical practices as they deem necessary.

I am aware that my student will be given the choice to participate in activities that may be physically and emotionally demanding and where certain inherent risks and dangers may exist. I recognize that there is an element of risk in any adventure, sport or activity. My student may be exposed to extraordinary physical hazards; weather conditions or other unknown events. I have noted any and all conditions which may affect my student's participation on their *Medical Release form. I do hereby assume all risks and I agree to release and hold harmless Fort Jones Community Church, Scott Valley Berean Church or Valley Wide Youth Ministry, their representatives, assistants, employees and all related entities from any and all liability, loss or damage, actions, claims and demands, which my student now has or may arise from their participation in these activities. This shall serve as a release and assumption of risk for their heirs, executors and all personal representatives

I further state that I have listed above all known allergies and health problems for my child and any other information pertinent to his/her health, including medications he/she takes. I agree to revise this information as it may change during the calendar year so that the above reflects the current health status of my child at any given time. I am retaining a copy of this form for my files.

Parent/Guardian: _____ Date: _____

Medical Release Forms currently on file may be reviewed at any time and updated as needed.

Student Agreement

I agree to abide by all rules, regulations and standards for activities and events I attend with Valley Wide Youth Ministry and I understand that the penalty for refusing to follow them may result in the notification of my parents or guardian to pick me up prior to the end of the event.

Student Signature _____ Date _____