



## ACTIVITY / MEDICAL RELEASE FORM

My child \_\_\_\_\_ will participate in \_\_\_\_\_  
*(Student's Name – Please Print)* *(Activity)*

sponsored by NorthWest Bible Church, under the supervision of \_\_\_\_\_,  
*(Ministry Leader)*

on \_\_\_\_\_.  
*(Date or Range of Dates)*

I assume parental responsibility to learn all program planning and activity details for any program or activity in which he/she is involved throughout the year. I do hereby release NorthWest Bible Church and any of its staff or volunteer leaders from any liability for accidents or injury sustained by my child in conjunction with any or all of these events.

It is understood that every reasonable effort shall be made to contact me, the undersigned, prior to rendering treatment to my child, but that any necessary treatment and care will not be withheld if I cannot be reached.

Should he/she be injured while participating, I hereby authorize and consent to any x-ray, examination, anesthetic, medical or surgical procedures used in diagnosis rendered under general or special supervision of any licensed medical staff member under the provisions of the Medicine Practice Act. It is understood that this authorization is given in advance of any specific diagnosis or treatment being required, and is given to provide authority and power to render care which the aforementioned physician or other licensed medical staff provided for under the Medicine Practice Act, in his or her best judgment, may deem advisable.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name of Parent/Guardian**

\_\_\_\_\_  
**Relationship to Child**

\_\_\_\_\_  
**Parent's Home Number**

\_\_\_\_\_  
**Parent's Work Number**

\_\_\_\_\_  
**Parent's Cell Number**

# STUDENT PERSONAL INFORMATION

Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

## STATEMENT OF STUDENT:

*I will obey the rules explained for this event. I understand that failure to comply with the rules will result in disciplinary action, which may include being sent home at my parents' expense.*

Student Signature: \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date \_\_\_\_\_

## MEDICAL INFORMATION:

*Please list any allergies, conditions, restrictions, or medications taken regularly.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach copy of insurance card (both sides).*

## IN CASE OF EMERGENCY:

Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

Address (if other than above) \_\_\_\_\_

List two *additional* emergency contacts:

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_