



June 2017 - June 2018

Student Ministries Event Medical & Liability Release Form

Student's Name

I, the undersigned parent/guardian (hereafter referred to as "Parent") of a minor (hereafter referred to as "Minor"), hereby authorized Bethany Church, (hereafter referred to as "Agent") on behalf of the Minor and in the place, name and stead of the Parent, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the Minor under the general or special supervision and upon advice, or a physician and/or surgeon licensed under the provisions of the California Medical Practice Act, or to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to the Minor by a dentist licensed under the provisions of the California Dental Practice Act (Civil Code 25.8). I further authorize any health facility (H&S code 1238(a)) to surrender the physical custody of the Minor to the Agent named above.

It is understood that this authorization is given in advance to any specific diagnosis, treatment or hospital care being required, but it is given to provide authority and power to the Agent to render care to the Minor which the physician, surgeon or dentist, in the exercise of his or her best professional judgment, may deem advisable. It is understood that reasonable efforts shall be made to contact the Parent or Guardian prior to rendering treatment to the Minor, but that no treatment will be withheld if the Parent or the Guardian cannot be reached within the time period in which it is in the best interest of the Minor to render treatment which cannot wait while communication with the Parent or Guardian is attempted. The Parent or Guardian hereby agrees to pay all costs of medical or dental care incurred for the Minor by the Agent under this authorization.

It is understood that the Minor will or may be exposed to, in proximity to, or encounter any or all natural elements including, but not limited to automobiles, airplanes, equipment, amusement rides, man-made objects of any kind; and people who may not act in a safe manner. Any of these elements, alone or in combination with any other such elements, could result in, lead to, or cause or contribute to serious danger, sickness, injury, death, fear or physical and/or psychological problems some foreseen and most not. I understand Agents supervising the event are not licensed health care professionals; are not trained in CPR or other First Aid Techniques; and cannot control all activities or actions of the Minor and others participating in the event, or with whom the Minor may come in contact with at or around the event. Parent further agrees there is an assumption of risk when they allow the Minor to participate in activities on premises of or at any other location or venue with Agent. Neither Agent nor any of its employees, officers or agents will ensure the safety, health, or welfare of the Minor nor be held responsible for bodily injury to Minor or damage to the property of Parent or Minor. Parent and Minor agree to hold harmless Agent, its employees, officers or agents from any and all liability of any kind.

Signature of parent(s)/guardian(s)

Date

Printed Name

****By signing this form you are also indicating that Bethany Church has the right to use pictures of your student on the internet, in videos, and printed media.**

BOTH SIDES OF FORM MUST BE COMPLETED

Personal Information

Student's Name: _____
Home Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____
Email: _____@_____. _____
School: _____ Grade in Fall 2017: 6 7 8 9 10 11 12
Birthday: ____/____/____ T-Shirt Size: S M L XL 2XL 3XL

Parent/Guardian Name(s): _____
Work Phone(s): (____) _____ - _____ (____) _____ - _____
Cell Phone(s): (____) _____ - _____ (____) _____ - _____
Other Phone Numbers: (____) _____ - _____ (____) _____ - _____

Person to contact if parents can't be reached: _____
Address: _____
Contact Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Insurance Information

Insurance Company: _____ Group No: _____
Claim Office Address: _____
Claim Office Phone Number: (____) _____ - _____
Employer Name: _____
Address: _____
Telephone: (____) _____ - _____

Medical Information

Special Medical Condition of Minor such as Diabetes, Allergic Reactions,
Medications Currently Using: _____

Doctor's name: _____ Phone No: (____) _____ - _____
Address: _____
Last Tetnus -Toxoid booster: ____/____/____ Blood Type (if known): _____
Will the Minor require any medication during any event: _____
If yes, name medication: _____
Dosage/Frequency: _____
Minor administers? Yes No Needs help:
Adult administers? Yes No