Xenia Grace Chapel Student Ministries Liability & Medical Release Form

Please make a copy for yourself and then give this copy to the Student Ministries Team at Xenia Grace Chapel. Please be aware that this medical form is strictly confidential and will only be viewed by the necessary supervisors of the Student Ministries team for the purpose of any emergency or information needed for consent and safety of all students while they are under our supervision. If you have any questions please contact the church office @ (937) 372-7408 and ask for Evan Greathouse.

Participant			
Name		Ma	ıle Female
Address		-	
City	State Zip _		
email	Home Phone (_)	
Date of Birth			
Health Insurance Co	mpany		
	will enclose a copy and attach it to this form do not wish to enclose a copy with this for		f card with child at events
Is your child taking a	ny medications? YES NO Name of Me	edicine	
Times of Dosage (wh	en it should be taken)		
Parents/Legal Guar	dians Name (with whom you live)		
Emergency Contact I	nfo of Parent/Legal Guardian: Home F	Phone	
Cell Phone	Parent(s) email		
Person to notify if pa	rent/legal guardian cannot be reached:		
Name	Relationship	Phone	
teen at any youth even 1a. Respiratory problem If yes, do you carry an i 1b. Are they able to swi 2. Neurological problem 3. Diabetes? YES NO	ns? Asthma? YES NO nhaler? YES NO m? YES NO ns? Epilepsy? Migraines? YES NO n and how often? YES NO	Ifidential and only needed to	o help us ensure the safety of your
If yes, please list	ulder, arm, or back injuries/operations? YES M		
	part and list date of injury.		
6. Any allergies? If yes, 7. Allergic to insect bite	please specify. YES NO s or bee stings? YES NO If yes, do you carry ry restrictions? Vegan? Vegetarian? YES NO		
9. Allergic to any medic	ations? YES NO If yes, please list medication a	nd symptoms:	
10. Any additional med	ical needs?		
	Month Vear		

To complete this form both the consent and release sections need to be completed.

AUTHORIZATION OF CONSENT

I hereby certify that my/our child is in good health to participate in all functions of the Student Ministries of Xenia Grace Chapel and that all of the above information is true and accurate. By signing below, I also give consent that in the event of an accident or illness my child CAN receive any medical attention as determined by a medical provider. While effort would generally be made by our staff, if in the event I could not be contacted by the below information I will allow the medical provider to treat the injury as they determine. I also understand it is my responsibility to keep the information on this form updated if there are any changes necessary.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Non-Consent

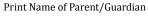
I do not desire to sign this authorization and understand that this will prohibit my/our child from receiving any medical attention in the event of an accident or illness.

Print Name of Parent/Guardian

Signature of Parent/Guardian

RELEASE

In consideration of my/our child's participation in Student Ministries of Xenia Grace Chapel activities I do hereby Release and Hold Harmless Xenia Grace Chapel Student Ministries, Xenia Grace Chapel, its officers, employees, members, volunteers, denomination, contractors and assigns from any and all claims, demands, costs, liabilities, causes of actions of whatsoever kind. I further understand and assume the risk for all activities, including transportation to and from, as well as activities at other locations. I knowingly and voluntarily execute this Release as indicated by my signature below.



Signature of Parent/Guardian

