



Parental Release Form  
Health Form  
Insurance Waiver Form

Please Print:

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Grade \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Best Way to Contact \_\_\_\_\_

**Emergency Contact Person:**

Parent/Guardian Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Best Way to Contact \_\_\_\_\_

E-Mail \_\_\_\_\_

**Alternate Contact Person:**

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

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your child is at the activity.**

Do you have health insurance?  Yes  No

Name of Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Holder \_\_\_\_\_

Family Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone Number \_\_\_\_\_

**If your child should require medical attention for medical conditions contracted prior to activity, please send us the necessary information in order that we may give proper medical care during his/her time with the youth ministry activity.**

**Health History:**

Pre-existing or present medical conditions: \_\_\_\_\_

\_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Allergies \_\_\_\_\_

Allergies to medications \_\_\_\_\_

Name and dosage of any medications currently prescribed to your child: \_\_\_\_\_

\_\_\_\_\_

Parents: Please provide the names of person(s) your child(ren) may not be released to (if applicable) \_\_\_\_\_

\_\_\_\_\_

**Parental Release:**

I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ state that my child may attend activities sponsored by EverGreen Ministries, both at EverGreen Ministries and off-site. I understand that paid staff and volunteers will adhere to the Abuse Prevention Policy of EverGreen Ministries.

By my signature, I hereby give EverGreen Ministries' paid staff members or designated volunteers permission to seek the necessary medical treatment for my child in my absence. I understand that reasonable effort will be made to contact me first.

By my signature, I release EverGreen Ministries, and/or any of the employees/volunteers from being held responsible for any medical expenses incurred by my child as a result of injury/sickness during the event.

By my signature, I appoint EverGreen Ministries' paid staff and volunteers to act as my child's personal representative for purposes of HIPAA, and sign all such documents as are required for such purpose, only as medically necessary in case of an emergency and after reasonable effort has been made to contact me first.

By my signature, I give permission for EverGreen Ministries to use photos/videos of my child in appropriate promotional material.

By my signature, I allow EverGreen Ministries' paid staff to administer ibuprofen to my child if deemed necessary.

By my signature, I release EverGreen Ministries' paid staff and volunteers from all liability claims arising from or in any way related to my child's participation in the program and any of the events or activities conducted on or off the premises, provided that this waiver of liability does not apply to any acts of gross negligence, intentional or willful misconduct.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

