



## STUDENT MEDICAL RELEASE FORM

Northwest Community Church  
505 W. Hardy Road Tucson, Arizona 85704

**Effective:** January 1, 2017 – December 31, 2017  
(One form per child-To be completed by Parent or Guardian)

Name of Participant \_\_\_\_\_

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Birth Date \_\_\_\_\_ School Grade \_\_\_\_\_

Contact person in case of emergency \_\_\_\_\_

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

Relationship to Participant \_\_\_\_\_

Allergies to medications; serious allergic reactions in nature; special health problems (please list or attach a separate sheet) \_\_\_\_\_

Prescription drugs or drug therapies: (please list or attach a separate sheet) \_\_\_\_\_

Family Physician \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Name of Insured (i.e. Father's name) \_\_\_\_\_

**For your information, these are our rules of conduct expected from each student:**

- Respect one another, staff and adult leaders
- No lighters permitted
- No students permitted to drive for events
- No offensive or immodest clothing
- Participation with the group expected
- No alcohol, drugs, tobacco permitted (including caffeine pills)
- No fighting, weapons, fireworks, explosives
- Respect property
- No boys in girl's sleeping quarter & visa versa
- Respect and comply with event schedules

**Failure to comply with these expectations could result in your child being sent home at your expense!**

My child has permission to attend all church sponsored student ministry activities as listed in calendars, including but not limited to the following: cook-outs, swimming, basketball, roller skating, rollerblading, games in the park, soccer, paintball, volleyball, softball, baseball, camping, hiking, biking, concerts, Bible studies, golfing, miniature golf.  
**Note:** If it is your desire to limit your child's participation in any event, please submit your wishes in writing to Northwest Community Church **prior to that event.**

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_

## Waiver and Release from Liability Northwest Student Ministries

**I acknowledge that my child's participation in the Northwest Community Church student ministry program is voluntary and may require involvement in activities that require traveling or physical exertion. Such activities may include, but are not limited to: outings, athletic games, local excursions, and meetings. I acknowledge that my child's participation in any Northwest Community Church student ministry activity presents risks that my child may suffer property damage, bodily injury, or death. Therefore, in consideration of my child's being allowed to participate in the Northwest Community Church student ministry program activities, I agree to the following:**

\_\_\_\_\_ Northwest Community Church is not responsible for the loss or theft of personal belongings.

Initial

\_\_\_\_\_ Misconduct may result in transportation home from an activity at parents' expense. A student dismissed for a disciplinary reason will not receive a refund of the activity fee.

Initial

\_\_\_\_\_ I understand and authorize that my child's image may be photographed or filmed and used in video presentations, printed publications and the annual photo directory with their address of Northwest Community Church Ministries including the internet website.

Initial

\_\_\_\_\_ I hereby take the following action for my child, myself, my executors, administrators, heir, next of kin, successors and assigns: A) **I waive, release, and discharge** from any and all claims or liabilities for death or personal injury damages of any kind, which arise out of or relate to my child's participation in Northwest Community Church's student ministry activities, the following person, or entities: Northwest Community Church, its Pastors, Elders, employees, volunteers, representatives, subcontractors and agents of any of the above: B) **I agree not to sue** any of the persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein except in the case of gross negligence on the part Northwest Community Church, Northwest Community Church staff or volunteers and: c) **I indemnify and hold harmless** the person or entities mentioned above from any claims made or liabilities assessed against them as a result of my child's actions. **I hereby assume the risks of my child participating in all Northwest Community Church student ministry activities.**

Initial

\_\_\_\_\_ The undersigned \_\_\_\_\_ (parent/guardian), the parent and natural guardian or legal

Initial

guardian of \_\_\_\_\_ (minor's name) hereby executes this document for and on behalf of the minor named herein. I agree to indemnify and hold harmless the person or entities mentioned above for any claims or liabilities assessed against them as a result of any insufficiency of my legal capacity or authority to act for and on behalf of the minor in the execution of the Waiver and Release. I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I consent to the administration of anesthesia as deemed advisable. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible.

\_\_\_\_\_ Permission is also granted to a Northwest Community Church representative to provide the needed emergency treatment to the student prior to his admission to a medical facility. I give my permission to the staff to administer Tylenol/Acetaminophen, Advil/Ibuprofen, Benadryl/Diphenhydramine or over the counter antacids as needed.

Initial

Student's Name \_\_\_\_\_

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_