

2018-19 REALIFE Event Forms

Antigo Community Church Permission & Medical Release

Please print in ink.

General Information

Name of event: _____ Date of events: _____

Student's Name: _____ Age: _____ Birth Date: _____

Year in school: _____ Male Female Email: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Mother's Name: _____ Phone:(Home) _____ (Work) _____

Father's Name: _____ Phone:(Home) _____ (Work) _____

Emergency Contact: _____ Phone:(Home) _____ (Work) _____

Insurance Information

Insurance Company: _____ Insured: _____

Policy #: _____ Physician's Name: _____

Physician's Address: _____ Physician's Phone: _____

Dentist's Name: _____ Dentist's Address: _____

Dentist's Phone: _____

Medical History

If Necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any, action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If yes, add another page with details.

1. Does your child have allergies to -
 Pollen Medications Food Insect Bites

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:
 Asthma Epilepsy/seizure disorder Heart Trouble Diabetes
 Frequent Upset Stomach Physical Handicap Other

_____ has my permission to attend All 2018-2019 REALIFE Events
NAME OF STUDENT NAME OF EVENT

I, Josh Suehs, Pastor of Student Ministries at Antigo Community Church, understand I am responsible for the physical, emotional, and spiritual well-being of the child identified above while he or she participates in the youth event. I take this responsibility seriously; however, there are inherent risks involved in any ministry or athletic event which we or any volunteers are not liable for.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend and participate in events being organized by REALIFE STUDENT MINISTRIES, the youth ministry at Antigo Community Church. I/we understand that there are inherent risks involved in any ministry or athletic event and I/we hereby release Antigo Community Church, its pastors, employees, agents, and volunteer workers from any liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we also acknowledge that I/we will be ultimately responsible for the cost of damages arising from the giving of such consent. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health care provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth ministry's staff member.

Please check one of the following. Failure to check either option will result in option #2.

- My child is free to participate in the event without immediate, constant, in-person presence of a chaperone adult. (Periodic "check-ins" with an adult will be required)
- My child must be in the immediate, constant, in-person presence of a chaperone adult at all times.

Finally, I/we have read the "Rules of Conduct" and willingly submit my/our child under them for the entire duration of the event.

Parent/guardian signature: _____ Date: _____

Parent/guardian signature: _____ Date: _____

Pictures from this event may be displayed on Antigo Community Church's website of publications and social media. Please check the boxes accordingly. Failure to check a box will result in #1.

- My child's picture **MAY** appear on the website or publications.
- My child's picture **MAY NOT** appear on the website or publications.

I/We affirm that the personal information and health information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named herein. I attest that I have reviewed this form and agree with the medical/liability statement. **ANY INCORRECT INFORMATION HAS BEEN CROSSED OUT, RE-WRITTEN, AND INITIALED BY ME.**

2018-2019	_____	_____
	SIGNATURE	DATE
2019-2020	_____	_____
	SIGNATURE	DATE
2020-2021	_____	_____
	SIGNATURE	DATE
2021-2022	_____	_____
	SIGNATURE	DATE
2022-2023	_____	_____
	SIGNATURE	DATE