Fellowship of Praise Church
Student/Child Medical Release Form

_____   _____
Event Name   Event Date(s)

_____   _____   _____
Name (Last, First)   Birth Date   Home Phone

_____   _____   _____
Street Address, City, State & Zip   Gender   Grade

_____   _____
Parent/Guardian Names   Phone # **DURING THE EVENT**

_____   _____
2nd Emergency Contact (name/relationship) Phone # **DURING THE EVENT**

_____   _____
Student's Physician & Phone   Insurance Covering Student

_____   _____
Insurance Policy Holder Name   Policy Number

Does your student have any allergies or medical conditions? Please list them: _____
_____

Is your student currently taking any medications? Please list them and instructions: _____
_____

PLEASE READ CAREFULLY - RELEASE MUST BE SIGNED
Emergency Authorization (from above)
I the undersigned, parent or legal guardian of the participant, a minor, herby authorize the staff, leaders, assistant leaders or chaperones attending this event acting in the capacity of activity supervisors/vehicle drivers, as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of an emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact above emergency contact.

Waiver of Liability and Disclaimer
I the parent, or guardian, of the above named individual acknowledge that participation in energetic youth activities and/or events necessarily involves risk of physical injury. I further acknowledge that the programs of the Student/Children's Department are primarily administered by volunteers, rather than paid professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless Fellowship of Praise Church, their employees or those supervising the event responsible from any claims arising out of or relating to any physical injury or material loss that may result to said individual while participating in the event listed below, including physical injury by negligence of any volunteer or representative while supervising or chaperoning any event. I understand that adequate precaution will be taken for the safety of my child at all times. I also consent for my child's picture or likeness to be used in promoting this event or other Fellowship of Praise events, including but not limited to the Fellowship of Praise website.

Pick-up Policy
I understand that my child's failure to abide by the rules set out by Fellowship of Praise Church will result in my being called, told to pick-up my child immediately, and the dismissal of my child from the event without the possibility of a refund. I have discussed this consequence with my child. Finally, I agree to arrive on time to pick-up my child from this event.

_____
Parent/Guardian Signature (if 18 & under)

_____
Child/Student Signature

Office Use Only:
Date_____
Event_____   Total Paid_____
Outstanding Balance_____
Check#_____ Initials_____