

Mount Paran North Church of God

Middle School Ministries

NAME OF MINISTRY: Student Ministries @ North 2019 Events

STUDENT NAME: _____

PARENT/LEGAL GUARDIAN NAME: _____

ADDRESS: _____

CITY/STATE: _____ ZIP CODE: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

SCHOOL: _____ GRADE: _____

DATE OF BIRTH: _____ AGE: _____

PLEASE CHECK ONE: _____ MALE _____ FEMALE

MEDICAL INFORMATION: (ALL BLANKS MUST BE FILLED IN)

DOCTOR'S PHONE NUMBER: _____

ALLERGIES: _____

MEDICATIONS: _____

PHYSICAL HANDICAPS/LIMITATIONS: _____

MEDICAL INSURANCE: _____

POLICY NUMBER: (Required) _____

INSURANCE COMPANY PHONE NUMBER: _____

MEMBERS NAME: _____

I hereby release Mount Paran North Church of God, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during this activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to any x-ray examinations, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state or county where services are rendered, either at the doctor's office or at any hospital. I expect to be contacted as soon as possible. I agree to pay for any damages that my child incurs while attending this event.

This form is for medical purposes, parents will still be required to submit a permission slip for each event.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ DATE _____

EMERGENCY CONTACT: _____ EMERGENCY PHONE NUMBER: _____

PUBLIC NOTARY: _____ DATE: _____