

Medical Release January 2019 thru January 2020

Parent/Guardian Consent

(Including emergency medical treatment for all students under the age of 18)

STUDENT MINISTRIES CONNECTION POINT CHURCH

10500 E. 350 Highway, Raytown, MO 64138

Telephone Number (816) 353-1994

FAX Number (816) 778-1134

Students Name _____ Date of Birth _____

Address (include city, state, zip code) _____

(Home Phone w/Area Code)

(Cell Phone w/Area Code)

This is to certify that my relationship to the above-named student is: (check as applicable)

_____ One of two custodial parents, and I certify that I have the consent and authorization of the other parent to sign this consent/release form.

_____ I am the sole custodial parent

_____ I am the legal guardian

Disabilities/Allergies (enter "None" if so) _____

Current Medications (enter "None" if so) _____

Date of Last Tetanus: _____

Family doctor's name and telephone (w/area code) _____

Medical Insurance (include group & Policy numbers, name of insured) _____

Phone number (w/area code) and first & last name of responsible adult for emergencies _____

Name of preferred hospital _____

Continued on Backside



I (and, if applicable, the student's other custodial parent) further consent and authorize that if in the sole discretion of the adults in charge of said activity, the above-named student is in need of emergency medical treatment during the period above noted, any such adult may give consent (in my behalf as parent/guardian and, if applicable, the student's other custodial parent) to such treatment, and may sign appropriate consent forms in my behalf (and, if applicable, in behalf of the student's other custodial parent) the same effect as if I (and, if applicable, the student's other custodial parent) had personally signed such consent form.

I (and, if applicable, the student's other custodial parent) hereby release, and agree to indemnify and hold harmless (1) Connection Point Church (hereinafter, the "Sponsor") as Sponsor and organizer of said event, and (2) all medical personnel providing such medical treatment to said student during said period, for any claims alleged to have arisen out of such participation or such treatment (in the absence of gross negligence or willful misconduct), and I (and the student's other custodial parent, if applicable) hereby further release the Sponsor and all persons associated with it for any claims that I, said minor, or anyone else (including, if applicable, the student's other custodial parent) might have arisen out of the participation in such event by said student, or the consenting to, or the providing of, any such emergency medical treatment to such minor (in the absence of gross negligence or willful misconduct).

By accepting this form, the Sponsor agrees that, in the event of an emergency, reasonable efforts will be made to contact the responsible adult listed on the reverse of this form as quickly as is feasible under the circumstances.

(Name printed)

(Signature)

(Relation to student)

(Phone w/Area Code)

I give permission to Connection Point Church to use my student's picture in future printed publications to promote student/church events. Signature of Parent _____

