



Student Information

*Name: _____ *Age: _____ *Birthday: _____
Last First Middle Initial

*Grade: _____ *Gender _____ *Phone: _____

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

*Does the student drive? _____ If not, who is allowed to transport the student? _____

*Known Allergies: _____

*Known Illnesses: _____

Emergency Contact Information: (If student is under 18, at least one guardian is required)

*Guardian's Name _____ *Relation: _____

Phone: _____ Email: _____

Guardian's Name _____ Relation: _____

Phone: _____ Email: _____

This form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff, volunteers, and agents of any liability against personal losses of named child. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We hereby release the Church, its ministers, employees, agents, and volunteer workers from any and all 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 agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we also acknowledge that we will be ultimately responsible for the costs of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. 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 student ministries staff member. I/We acknowledge that we have read and will follow to the best of our ability the social distancing guidelines set by the Church and the State of Ohio. I/We also acknowledge that the Church can not be held responsible if the child tests positive for COVID-19.

Parent/Guardian Signature: _____ Date: _____