

STUDENT MINISTRIES MEDICAL AND LIABILITY RELEASE

(Please print CLEARLY with Blue or Black Ink ONLY)



REQUIRED FOR ALL 6th-12th GRADE STUDENTS AND ADULTS ATTENDING A JOURNEY OF FAITH EVENT

Attends: ☐ Torrance IGNITE/AMPLIFIED AM (Sundays)
☐ Manhattan Beach IGNITE AM (Sundays) ☐ IGNITE PM (Tuesdays) ☐ IGNITE Small Groups
☐ Manhattan Beach AMPLIFIED AM (Sundays) ☐ AMPLIFIED PM (Tuesdays) ☐ AMPLIFIED Small Groups

Date _____ DOB _____

Full Name _____ Age _____ Gender _____

Address _____

Cell# _____ Email _____

School _____ Current Grade _____

Mother's Name _____

Cell# _____ Email _____

Father's Name _____

Cell# _____ Email _____

In an Emergency, if parent/guardian cannot be reached, please notify:

Name _____ Cell# _____ Relationship to Student _____

Health History

☐ Drug Allergies ☐ Diabetes ☐ Chronic Asthma ☐ Environmental Allergies
☐ Food Allergies ☐ Frequent Colds ☐ Physical Handicap ☐ Epilepsy/Nervous Disorder
☐ Insect Sting Allergies ☐ Heart Condition ☐ Frequent Upset Stomach ☐ Other

If any of the above are checked, please give detail (i.e. treatment or allergic reactions):

Name, Dosage, and Frequency of ALL Medications taken currently:

Minor administers own medication? ☐ Yes ☐ No Adult administers medication? ☐ Yes ☐ No

If student requires aspirin or other medications, may an adult counselor administer it? ☐ Yes ☐ No

Aspirin substitute? (*specify*) _____

Do you have Health Insurance? ☐ Yes ☐ No Name of Insurance Company _____

Expiration Date _____ Insurance Policy# _____ Group# _____

Insurance Company Address _____

Family Doctor _____ Phone# _____

Date of Last Tetanus shot? _____

Will you allow a blood transfusion? ☐ Yes ☐ No Blood Type (*if known*) _____

Any swimming or activity restrictions? ☐ Yes ☐ No If Yes, explain: _____

Contact Lenses? ☐ Yes ☐ No

BOTH SIDES MUST BE COMPLETE AND SIGNATURE REQUIRED ON BACK

Journey of Faith

Medical and Liability Release

If you or your child requires medical attention for pre-existing injuries or illnesses, please provide the necessary information to give you or your child the prescribed medical attention during an activity or trip. In the case of illness or injury, while you or your child is at an activity or trip, your medical insurance will be billed for medical charges. Any updates to your insurance policy must be provided to Student Ministries.

Authorization of Consent to Treatment:

(I) (We), the undersigned, parents(s) of _____, (self or a minor), do hereby authorize *Journey of Faith Church* youth ministry leaders as agent(s) for the undersigned to consent to any dental care, x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is rendered under the general or specific supervision of, any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnosis treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable. This form is for any and all events, projects, ministries, small groups, or trips involving *Journey of Faith Church*. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required. The above authorization is given pursuant to the provisions of Section 25.8 and 34.6 of the Civil Code of California and shall remain effective through the above-named minor's graduation from high school, unless sooner revoked in writing delivered to said agent(s).

Parent/Guardian Signature (Student Signature if over age 18)

Date

Print Name

Relationship to Student

Release of Journey of Faith:

_____ (self/parent's name) shall indemnify, hold free and harmless, assume liability for, and defend *Journey of Faith Church*, its agents, servants, employees, officers, and directors from any and all costs and expenses including but not limited to, medical costs, attorney's fees, reasonable investigative and discovery costs, court costs, and all other sums which *Journey of Faith Church*, assertion of liability, or any claim or action founded thereon, arising or alleged to have arisen out of _____ (self/child's name) use of real or personal property belonging to *Journey of Faith Church*, as agents, servants, employees, officers, and directors, or by action or omission by _____ (self/child's name). Also, *Journey of Faith Church* reserves the right to use any audio, video, and/or photography of guests and/or campers participating in *Journey of Faith Church* facilitated events.

IT IS ALSO ACKNOWLEDGED THAT IF YOU OR YOUR CHILD HAS TO RETURN HOME EARLY FOR DISCIPLINE VIOLATIONS, IT WILL BE AT YOUR OR THE PARENT/GUARDIAN'S EXPENSE.

By signing this document, I acknowledge that I have had sufficient opportunity to read this entire document. I have read and understood it, and agree to be bound by its terms.

Parent/Guardian Signature (Student Signature if over age 18)

Date

Print Name

Relationship to Student