

STUDENT NAME: _____

Permission and Medical Forms

Current August 1, 2022 Through July 31, 2023

The following high school activities, operated by Connect Church, Russellville, Arkansas (the "Church"), under the supervision of the staff and volunteers of Connect Church, Russellville, require the completion and acceptance of a medical release prior to participation.

Student's Name: _____ **Date:** _____

Permission and Medical Forms for Local trips, International trips, activities, and any other event that Connect Youth sponsors.

I, _____, for the student indicated above, apply to Connect Church, Russellville, Arkansas, to participate in the activity described and indicated above ("Activity"). I acknowledge and agree to, and represent, the following for myself and the student, in consideration of the opportunity to be provided by the Church (contingent upon its agreement to my child's and/or my participation).

Acknowledgment of Risks. I acknowledge that participating in the activity involves risks of serious damage and harm to persons and property, and even death, and I assume those risks, including risks arising from acts or failures to act of the Church.

Information Relied on by Connect Church. I am the parent or legal guardian for the student for whom this document is signed. The student is in good health and sound mind. If necessary, I have discussed or will discuss with my physician the student's participation in the activity, and the student has received or will receive any vaccination or other recommended prerequisite medical treatment my physician deems necessary. The student will participate in the Activity only if I have received my physician's approval, if I deem it necessary, and believe that the student is able to participate without harm. I acknowledge that the Church will not assess or approve the student's fitness for participation. I am under no force or duress of any kind to compel the student's participation in the Activity or my signing of this document.

Release. THIS DOCUMENT IS INTENDED TO ABSOLVE CONNECT CHURCH OF ANY LIABILITY TO ME OR THE STUDENT THAT IS RELATED TO THE STUDENT'S PARTICIPATION IN THE ACTIVITY. Accordingly, I hereby release the Church from, waive, and will never sue Connect Church for, any damage (whether damage to or

loss of property, finances, life, body, mind, or emotions), cost, suit, demand, claim, or other liability, that arises or is alleged to arise from or in connection with the student's participation in the Activity. Such liability includes any liability that arises or is alleged to arise from the Church's negligence (but not its willful and wanton misconduct). Such liability also includes any liability that arises or is alleged to arise from claims for contribution by another that the student or I have sued or from whom the student or I have received compensation.

Medical Permission. I give my permission for the student to be treated for illness or injury sustained while participating in the activity, including by the administration of emergency anesthesia or surgery; and authorize the adult leaders of the activity to act on my behalf in ordering such treatment.

Definitions.(a) References to "me", "my", and "I" shall include and bind the student, my spouse, any parent of the student for whom this document is signed, any guardian or other person with responsibility for the care and supervision of such student, and any insurer, heir, estate, legal representative, executor, administrator, successor, or assign of me or such student. (b) "Participation" or "participating" in the activity includes planning and preparing for, traveling to, and traveling from, as well as participating in, the Activity. (c) The "Church" includes (i) its affiliates, and institutions cooperating in the Activity; (ii) the trustees, elders, deacons, officers, employees, volunteers, and agents of the Church or such affiliate or institution; and (iii) the spouses, insurers, heirs, estates, legal representatives, executors, administrators, successors, estates, and assigns of any of the foregoing.

Permission and Medical Forms Student Name_____

Brief Medical History

In the event of an emergency, the most accurate and updated information will be extremely helpful for us in providing the best care for your student.

List all Medical Conditions and any current Medication regimens:

List all known Allergies:

Parent Guardian Signature: _____

Date: _____ **Phone:** _____

(If you plan on going on Mission Trips or to Camp, this MUST BE NOTARIZED!)

State of Arkansas

County of _____

On _____, 20_____, _____ personally appeared before me.

_____ who is personally known to me

_____ whose identity I proved by _____

_____ whose identity I proved on the oath/affirmation of _____, a credible witness to the the signer of the above instruments, and he/she acknowledged that he/she signed it.

Notary _____

Seal Commission Expires _____

Alternate Emergency Contact (other than Signer of this Release)

Name: _____ **Relationship to Student:** _____

Phone: _____

Insurance Information

Student's Full Name: _____
Student's SSN #: ____ - ____ - ____ **Student's Date of Birth:** ____/____/____ **Parents**
Names: _____ **Parent Cell**
Phone: _____ **Parent Cell Phone:** _____
Home Phone: _____

Alternate Phone: _____
Home Address: _____ **City** _____ **State** ____ **Zip** _____

Insurance Information:

Carrier: _____
Policy Number/Group Number: _____ **Policy Holder Name:**

Policy Holder SSN #: ____ - ____ - ____ **Date of Birth:** ____/____/____
Prescription coverage (if applicable) Insurance
Carrier: _____

Phone Number: _____

Policy Number/Group
Number: _____ (if different from
above)

Policy Holder's Name: _____
Policy Holder SSN #: ____ - ____ - ____ **Date of Birth** ____/____/____

*****Please Attach a Copy of the Front and Back of ALL Applicable Insurance**
Cards***

Parent's Signature: _____ **Date:** _____

It is important that the following information be provided completely and
accurately.

Has your teen ever been treated for any of the following?

____Heart Disease

____Diabetes

____Asthma

____Allergies

____Seizures

____Emphysema

Date of last Tetanus Booster:_____

Medical Conditions that the team needs to know about:

Allergies:

Current Medications:

List any medications to which your teen is allergic:

Please check the over-the-counter medications that are **okay** to give to your teen, anytime they are needed:

__ Tylenol

__ Benadryl

__ Ibuprofen

__ Tylenol Sinus

__ Aleve

__ Pepto Bismol

__ Cough Syrup/Drops

__ Immodium

If teen is **currently** under the care of a physician or taking any medications, please list below:

Physician Information Medical Information

Physician _____ Treatment _____

Address _____ Phone _____

Medications _____

Damage Responsibility Agreement and Media Release Form

I, _____ (parent/guardian name) take full financial responsibility for damages incurred by my son/daughter/friend _____ (student name) to any facility or property that Connect Church uses for lodging, meetings or activities. I agree to pay for those damages upon return.

Student Signature _____ **Date** _____

Parent/Guardian

Signature _____ **Date** _____

Consent for Release to Media

I hereby give my full consent to Connect Church to record my participation in any programs or events associated with the activities and events of the 2020-2021 school years. Further, I hereby transfer and assign to Connect Church the exclusive right to use and to authorize others to use said images, video and audio recordings for promotional and educational use or resource sale in the future. I understand that my image may be used, but my name or personal information will never be shared publicly without additional, separate consent.

Student Signature_____ **Date**_____

Parent/Guardian

Signature_____ **Date**_____