



Koinonia Church
MEDICAL RELEASE AND RELEASE OF LIABILITY

Impact Student Ministries Spring Break at McDermont : April 14th, 2022

Student full Name: _____ Age _____

Birthdate _____ Grade _____ Circle: Male / Female

Parent Email _____

Address: _____ City _____

State _____ Zip _____

Home Phone _____ Student Cell Phone _____

Medical insurance company _____ Policy # _____

Father's Name _____ Cell #: _____

Mother's Name _____ Cell#: _____

Emergency Contact: _____ Cell #: _____

Physician: _____ Office phone _____

Dentist: _____ Office phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child may be subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Does your child have allergies? _____

Does your child suffer from an illness or disorder that could affect their ability to participate in this event?

Please list and explain any major illnesses your child has experienced during the last year (including issues with anxiety or depression):

Should your child's activities be restricted for any reason? Please explain:

Is there anything else that you feel we should know about taking care of your student?

For your information, we expect each student to conform to these guidelines:

No fighting, weapons, fireworks, lighters, or explosives of any kind!

No boys in girls' sleeping quarters and no girls in boys' quarters at any time. Respect each other's property. Respect and comply with event schedules. Participation in group activities is expected. No possession or use of alcohol, tobacco or drugs. Respect one another, staff and adult leaders. No offensive or immodest clothing.

Students who fail to comply with these expectations may be sent home at their parent's expense.

I, _____ (print student's name), have read the above guidelines and I agree to abide by them.

Student Signature: _____ Date: _____

This form gives permission to seek whatever medical attention is deemed necessary, and releases Koinonia Church and its staff of any liability against losses of named Child.

I/we the undersigned have legal custody of the student named above, a minor, and have given our permission for him/her to attend events being organized by Koinonia. I/we understand that there are inherent risks involved in any ministry or camp (swimming, team games, running, hiking, paintball snowboarding, tubing, box sled racing, etc.). I/we release the church, its pastors, employees and volunteer workers from any and all liability for any loss, injury 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 damage arising from giving of such consent. I/we also acknowledge that we are ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further I/we affirm that the health insurance information provided above is accurate at this date and will to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our Child home at my/our expense should they become ill or deemed necessary by the Child ministries staff member.

I/we also grant Koinonia Church, the right to photograph, and/or record my child/ward in connection with activities of Koinonia Church and to use the photograph and/or recording for all purposes including promotional purposes.

Parent/Guardian Signature: _____ Date: _____