

2024 Student Information and Release Form

Office use

For South Meridian Youth Events January 1 to December 31, 2024

STUDENT NAME _____		TELEPHONE _____	CELL PHONE _____
ADDRESS _____		EMAIL _____	
CITY _____	STATE _____	ZIP CODE _____	BIRTHDATE _____
SCHOOL _____		GRADE _____	
T-SHIRT SIZE: Adult Size: ___S ___M ___L ___XL ___XXL		OR Youth Size: ___L ___XL	

PARENTAL INFORMATION

FATHER / STEP-FATHER / GUARDIAN _____	MOTHER / STEP-MOTHER / GUARDIAN _____
PLACE OF WORK _____	PLACE OF WORK _____
WORK PHONE _____	WORK PHONE _____
EMAIL ADDRESS _____	EMAIL ADDRESS _____
CELL PHONE _____	CELL PHONE _____

Emergency Contact (other than parents): _____

NAME	PHONE	RELATIONSHIP
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LIABILITY RELEASE

I, the parent or guardian of _____, do release South Meridian Church of God, its employees and volunteer staff from any liability for injury, illness or death of my child as a result of his or her participation in youth activities sponsored by South Meridian Church of God. I understand that involvement in youth activities may include hazardous activities such as skiing, snowboarding, various athletic involvement, water sports, hiking/climbing, night games, field games, travel in vehicles, physical exertion and other such participation.

I authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or medical clinic, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital or medical clinic.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it be necessary for my child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

I, the undersigned, do also hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by South Meridian Church of God.

I give permission for my child's photo or video to be used in event promotion taken in activities during event.

Signature

SIGNATURE OF PARENT/GUARDIAN _____

RELATIONSHIP TO MINOR _____

DATE _____

COMPLETE OTHER SIDE

Medical Information

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Please fill in all blanks. Where necessary write "NONE".

INSURANCE INFORMATION

INSURANCE: YES NO

INSURANCE COMPANY _____ POLICY NUMBER _____

CHILD'S PHYSICIAN _____ PHONE NUMBER _____ AFTER HOURS PHONE _____

PHYSICIAN'S ADDRESS _____

MEDICAL HISTORY

DRUG ALLERGIES _____ DATE OF LAST TETANUS SHOT _____

OTHER ALLERGIES _____

OTHER MEDICAL PROBLEMS: _____

MEDICATION

NAME OF MEDICATION #1 _____ DOSAGE & FREQUENCY _____

REASON FOR MEDICATION #1 _____

NAME OF MEDICATION #2 _____ DOSAGE & FREQUENCY _____

REASON FOR MEDICATION #2 _____

NAME OF MEDICATION #3 _____ DOSAGE & FREQUENCY _____

REASON FOR MEDICATION #3 _____

For the purpose of minor pain relief, I give permission for the church staff or sponsor to give my child,

Aspirin Tylenol Ibuprofen Naproxen Other _____

Hospital Preference: _____

ADDITIONAL INFORMATION IMPORTANT FOR THE MEDICAL/PHYSICAL CARE OF YOUR CHILD:

