

**LEGACY STUDENT MINISTRIES  
ACTIVITY PERMISSION AND MEDICAL RELEASE FORM**

Please print this form, fill it out, and return to Student Ministries. We will keep your information on file for future activities. If a change in your health care policy occurs, please notify us and fill out a new permission and release form.

**CONTACT INFORMATION**

Student's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Legal Guardian: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: \_\_\_\_\_ 2nd Phone: \_\_\_\_\_

**HEALTH INFORMATION**

Known Allergies: \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

Medications Currently Taking: \_\_\_\_\_

**HEALTH INSURANCE INFORMATION**

Insurance Company: \_\_\_\_\_

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**RELEASE**

I, the undersigned, am the legal guardian of \_\_\_\_\_, a minor and have given my consent for him/her to participate with activities, hosted by Legacy Christian Church. In the event that he/she is injured while participating and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my consent, I hereby authorize Chris Paschal or an appointed adult supervisor, to give such consent for me if I cannot be reached by telephone at one of the numbers listed above, or because of an emergency in which there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for me, I agree to hold such person, other associated adults and Legacy Christian Church free and harmless of claims, demands, or suits for damages which may arise from the giving of such consent. I also acknowledge that I will be 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 affirm that the health insurance information provided above is accurate at this date.

I also acknowledge that transportation may be necessary during student ministry functions. To that end, I give consent to Legacy Christian Church, Chris Paschal, and any other student ministry approved volunteer to drive my child and assume any and all inherent risks of transportation.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_