



# LIABILITY, TRAVEL & MEDICAL RELEASE

(For those 18 years and under)

## GENERAL INFORMATION (Please Print)

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ Student Cell # \_\_\_\_\_

City, Zip Code \_\_\_\_\_ Home Phone # \_\_\_\_\_

Parent/Legal Guardian #1 \_\_\_\_\_ Relationship to student \_\_\_\_\_

Parent/Legal Guardian #2 \_\_\_\_\_ Relationship to student \_\_\_\_\_

Primary Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Contact Person Email Address \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

## OTHER EMERGENCY NUMBERS

Name	Phone	Relationship To Student

## LIABILITY RELEASE AND CONSENT TO TRAVEL

I, the undersigned, being the parent or legal guardian of the student named above, do hereby consent to the participation of my student in all of the regularly scheduled activities of **re:mix** student ministries at **FaithChurch** Assembly of God, Inc. of Anderson, Indiana located at 2817 E. 53<sup>rd</sup> Street. This includes field trips, camps, retreats, water activities, hiking, sporting events and any other activities associated with a church group. Further, I certify that my student is physically fit and adequately trained to participate in such events.

I, the undersigned, being the parent of legal guardian of the student named above, release **FaithChurch** Assembly of God Inc. of Anderson, Indiana located at 2817 E. 53<sup>rd</sup> Street, its agent, assigns, employees and volunteer assistants from any liability whatsoever arising out of injury, sickness, or damage which may be sustained by said student during the course of said activity or trip.

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Date)

**PLEASE TURN OVER**

# MEDICAL TREATMENT AUTHORIZATION

I understand that I will be notified in the case of a medical emergency involving my student. However, in the event that I cannot be reached, I authorized the calling of a doctor and the providing of necessary medical services in the event my student is injured or becomes ill. I understand that the Church (**Faith**Church Assembly of God, Inc. Anderson, Indiana) will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as a parent/guardian.

I agree to notify the Church in the event of any health changes, which would restrict my student's participation in any normal **re:mix** student ministries activities. I also understand that adult supervisors reserve the right to restrict my son/daughter from any activity they do not feel is within the physical capabilities of my student.

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(Signature of Parent/Guardian)

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(Date)

## Medical Questionnaire

1. Is your son/daughter presently being treated for any injury or sickness or taking any form of medication for any reason? No \_\_\_\_\_ Yes \_\_\_\_\_ (if yes, please list medication)
2. Does your son/daughter have any allergies? No \_\_\_\_\_ Yes \_\_\_\_\_ (if yes, please list)
3. Is your son/daughter allergic to any type of medication? No \_\_\_\_\_ Yes \_\_\_\_\_ (if yes, please list)
4. Are there any other medical concerns that we need to be aware of?
5. Does your son/daughter have any physical handicap or illness, which would prevent him/her from participating in normal rigorous activity? No \_\_\_\_\_ Yes \_\_\_\_\_ (if yes, please list)
6. Can your son/daughter swim without the need of assistance? No \_\_\_\_\_ Yes \_\_\_\_\_
7. Are there any other things we need to know to help keep your child safe? (mental or physical issues, behaviors, custody issues, etc.)