

Family Life Medical Release Form

NOTE: This form must be filled out completely to attend an event.

Event Name	Event Date(s)	
Name (Last, First)	Birth Date	Home Phone
Street Address, City, State & Zip	Gender	Grade / Ministry <i>i.e. -6th grade or Young Adult</i>
Parent/Guardian Names	Phone # DURING THE EVENT	
Second Emergency Contact Name/relationship	Phone # DURING THE EVENT	
Student's Physician & Phone	Insurance Covering Student	
Insurance Policy Holder Name	Policy Number	

Does your student have any allergies or medical conditions? Please list them: _____

Is your student currently taking any medications? Please list them and instructions: _____

PLEASE READ CAREFULLY – RELEASE MUST BE SIGNED

Waiver of Liability and Disclaimer

I, the parent, or guardian, of the above named individual, acknowledges that participation in energetic youth activities and/or events necessarily involves risk of physical injury. I further acknowledge that the programs of Family Life Ministries are primarily administered by volunteers, rather than paid professionals. In consideration for accepting the registration of the above named individual and permitting the voluntary participation of said individual in its programs, I hereby release, discharge, and hold harmless the Ohio District Council, Inc., or Christian Life Center, their employees or those supervising the event responsible from any claims arising out of or relating to any physical injury or material loss that may result to said individual while participating in the event listed below, including physical injury. I understand that adequate precaution will be taken for the safety of my child at all times. **I consent for my child's picture or likeness to be used in promoting this event or other CLC events, including but not limited to the CLC website.**

Emergency Authorization (from above) I, the undersigned, parent or legal guardian of the participant, a minor, hereby authorizes the staff, leaders, assistant leaders or chaperones attending this event acting in the capacity of activity supervisors/vehicle drivers, as my agents, to consent to medical, surgical or dental examination and/or treatment. In case of emergency, I hereby authorize treatment, and/or care at any hospital. If there is an emergency and I cannot be reached, please contact above emergency contact.	Pick-up Policy I understand my child's failure to abide by the rules set out by CLC will result in my being called, told to pick up my child immediately, and the dismissal of my child from the event without the possibility of a refund. I have discussed this consequence with my child. Finally, I agree to arrive on time to pick up my child from this event.
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I **do/do not** give permission for the following medication(s) to be administered to my child by a CLC leadership member:
Ibuprofen [] Tylenol [] Benadryl [] Pepto Bismol [] Caladryl Lotion [] Other _____ []

Parent/Guardian Signature (if 18 & under) Date

Child/Youth Signature

Office Use Only: Date: _____
Total Paid: _____
Outstanding Balance: _____
Check#: _____ Initials: _____