

JYM Emergency Contact & Release Form

(1 per person)

August 2017 – May 2018

I/We give consent for (*print name of participant*) _____ to attend any Youth Ministry events being sponsored by Joelton Church of Christ.

In the event that he or she is injured while under the care of Joelton church staff, paid or volunteer, and its representatives and requires the attention of a doctor, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by a licensed physician.

I/We further agree to hold the licensed physician, the medical facility, the Joelton Church of Christ and its representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment.

I/We understand the nature of the event and do hereby release the Joelton Church of Christ and its representatives from any liability due to accident or injury incurred by the participant.

I/We agree to cover all costs if the participant must be sent home for disciplinary reasons.

I/We understand that if the participant is found disobeying established traffic laws while driving his/her vehicle on a Joelton Youth Ministry outing, he or she will not be allowed to transport other participants in his/her vehicle on future Youth Ministry outings.

I/We understand that our child may be photographed or video recorded during any event and that these images may be used in promotional materials.

Participant Signature _____ Date _____

If Participant is under the age of 18:

Parent/Guardian Signature _____ Date _____

**Please attach a photocopy of the front AND back of each
participant's Medical Insurance Card to this form!**

Participant Information

Name _____ Gender _____

Email _____ Birthday ____/____/____ Age _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Cell phone _____

Names of Parents or Guardians of minor _____

Best phone in case of emergency _____ Relation: _____

If Parents are not available in an emergency, please notify:

1. Name _____ Phone () _____

2. Name _____ Phone () _____

List Allergies: (foods, medicines, insect stings, poison ivy, hay fever, other)

Does this Participant have any medical or health problems, including chronic or recurring illness or illnesses that would affect his/her participation in any trip, activity, or sport?

No ____ Yes ____ If yes, please describe: _____

Date of last tetanus shot _____

Medications your child takes regularly _____

My child may self-administer

Adult administer, please

Instructions for this medication _____

Family Doctor/Name of Practice _____

Doctor's Phone _____

Insurance Company _____

Group # _____ Policy # _____

Those in charge will take every possible safety precaution. In the event of injury or other emergency, every possible attempt will be made to contact parents or guardians immediately.