



BEREAN CHURCH

Release Form Student Ministries

Medical Treatment/Travel/Photo/Liability

*** 1 student per 1 form ***

Name of Student _____

Grade _____

I give permission for my above-named child to join the North Platte Berean Student Ministries for on-site and off-site activities from July 1st, 2018 to September 30th, 2019. I understand that the leadership has done their best to ensure my child's safety but know that accidents may occur.

I hereby release North Platte Berean Church, its staff and sponsors, from responsibility and liability for any injury or illness that my child may sustain during youth group activities in transportation or at the actual event. In case of an emergency, I hereby authorize and appoint an adult leader of this activity, as agent for me, to consent to any medical treatment my child may require, including any x-ray examination, medical, dental or surgical diagnosis, treatment and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate), licensed to practice under the laws of the state where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted as soon as possible.

I also release my child for photos and appropriate video to be used indefinitely in brochures, on church/student ministries social media, church/Student Ministries website, as well as audiovisual productions for church events. This permission is revocable, in writing to North Platte Berean Church, at the discretion of the parent or legal guardian. I understand that the church staff and volunteers will use good judgment in posting pictures keeping names and personal information private.

Signature of Natural Parent or Legal Guardian

Today's Date

Emergency Information

Name of Parent or Legal Guardian _____

Address _____ City _____

Zip _____ Emergency Phone(s) _____

Email _____

In an emergency when parent or guardian cannot be reached please contact the following:

Name _____ Relationship to the student _____

Phone _____ Cell _____

Name _____ Relationship to the student _____

Phone _____ Cell _____

Medical Information

Allergies _____ Medications being taken _____

It is ok for my student to take the following (circle one, both or neither): Tylenol | Advil (Ibuprofen)

Physical handicaps/limitations _____

Medical Insurance Company _____

Phone _____ Policy Number _____

Policy Holder's Name _____