

ALIVE! Student Ministry

Parental & Medical Release Form for Student Life Camp

STUDENT'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ CELL PHONE # _____

PARENTAL AND/OR LEGAL GUARDIAN RELEASE

I give my permission for _____ to go with ALIVE! Student Ministries and/or a representative of the LifeBridge Baptist Church to Student Life Camp at YMCA of the Rockies in Estes Park, CO and the surrounding areas in conjunction with the camp on July 19-23, 2021.

Also by signing this release form, you will assume responsibility for any and all damages caused by your son/daughter during this time frame and to all church vehicles. If your son/daughter is involved in any misconduct or inappropriate behavior, effort will be made to contact you, and your teen may be sent home at your expense.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

MEDICAL AND/OR OPERATIVE RELEASE

The law requires that parental and/or legal guardian permission be obtained for certain medical and operative procedures on minors. The following release consent should be signed by the parents and/or guardians so that emergency medical procedures may be carried out and so that no unnecessary delays will occur or exist. Therefore, I the undersigned, give permission for a representative of ALIVE! and the Glenwood Baptist Church to seek emergency medical treatment on my son/daughter and/or minor. However, NO OPERATION other than minor surgery will be performed except in an extreme emergency without making reasonable effort for parents and/or guardians being contacted and fully informed. In no case shall ANYONE or any ORGANIZATION be liable for your son/daughter and/or minor concerning accidents. And, YOU will be financially responsible for all medical expenses.

Do we have permission to seek emergency medical treatment on your son/daughter and/or minor? YES _____ NO _____

In case of accident or injury, please list your insurance/hospitalization company and policy number:

INSURANCE COMPANY _____ POLICY # _____

Please list name of persons to contact in emergency:

NAME _____ PHONE # _____

ALTERNATE _____ PHONE # _____

Please list any medications your son/daughter will be taking during this trip. Also list any medications that your son/daughter is allergic to and/or other necessary medical information:
