

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 8-12, 2019.

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:
