

Student Health/Release Form

Please fill out this form for any Jr High or Sr High youth group trip...

Activity Permission & Medical Consent Form

I give permission for my son/daughter, _____ to attend the trip sponsored by Westchester Evangelical Free Church In consideration for the opportunity to participate in the above activity, the Participant (or parent/guardian if Participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The Participant (or parent/guardian) accepts personal financial responsibility for any injury sustained during the activity or during transportation to and from the activity. Further, the Participant (or parent/guardian) promises to indemnify, defend, and hold harmless the activity sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to hereinafter as the "Sponsor") for any injury related directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of the Sponsor or otherwise. If a dispute over this agreement or any claim for damages arises, the Participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the Participant (or parent/guardian) and the Sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel of the American Arbitration Association for final resolution.

Emergency Contact Information

Parent/Guardian: _____
Home Phone: _____
Work Phone: _____
Other Emergency # (ie. cell phone): _____
Alternate Emergency Contact: _____
Phone Number: _____

Medical History

Family Physician: _____
Phone Number: _____
Allergies:

Insurance Information

Health Insurance Company: _____
Policy Number: _____
Subscriber's Name: _____
Phone Number: _____

Medications:

If necessary, please use the back of the form to tell us more about your child's medical conditions

Attention Parents: If you are sending prescription medications along with your child please make sure that the medicine is in a clearly marked prescription bottle along with instructions. In addition to this, if you could count pills so that you know how many your child left with and how many they should return with, it would be greatly appreciated.

Parent or Legal Guardian Signature: _____ Date: _____