

EPIC Church Medical Release/Permission Form

EVENT: All Summer Student Ministry Events

DATE: June 5th - August 21st 2019 (times vary)

I/We release Epic Church and its representatives from and in connection with any claim brought by anyone arising out of the above event.

I/We further give our permission for any medical treatment deemed necessary while our/my child is under the care of Epic and its representatives as a participant.

I/We further give my permission for my child to have his/her picture taken.

PARENT(S) OR GUARDIAN(S) MUST COMPLETE THE FOLLOWING FOR EACH CHILD. (To register additional children, you may photocopy this form.)

This form *only* covers Student Ministry Events that take place between June 5th and August 21st, 2019.

If there are questions or concerns regarding a specific event, parents/guardians can contact us at students@epic-church.org

Student's full name: _____

Parent/Guardian Name: _____

Address: _____

City: _____ St: _____ Zip: _____

Student's DOB: _____ Grade: _____

Allergies, health restrictions, list prescription or over the counter medicines currently taking, comments:

Insurance Information:

Policy Holder's Name: _____

Relationship to Student: _____

Insurance Company: _____

Group/Policy Number: _____

ID Number: _____

Emergency Contacts:

#1 Name: _____ Phone number: _____

#2 Name: _____ Phone number: _____

#3 Name: _____ Phone number: _____

Parent/Guardian Signature: _____ **Date:** _____

STUDENT COMMITMENT

- I commit to listening to the leaders and doing what they ask of me without hesitation or questioning.
- I commit to staying with the group at all times and understand that I am not to wander off by myself. Doing so will have consequences as I will not be able to participate in the next outing.
- I commit to making decisions that are safe, kind, and respectful.
- I commit to representing myself, my family, and my church in a positive way.

Student Signature: _____ **Date:** _____

ALL FORMS MUST BE PRINTED AND SIGNED FOR INSURANCE PURPOSES