

PARENT PERMISSION & MEDICAL RELEASE FORM

for the activities of The Student Community at CCC

My child has permission to participate in the youth activities, programs, and ministries of Community Church of Columbus Student Ministry. In any youth event, especially those which include traveling, there is the risk of serious injury. I understand that the church carries only liability co-insurance. This means that my child is fully covered under my insurance company. The church's insurance will only cover medical costs not covered by my insurance. In the event of a medical emergency when I, the parent or legal guardian, cannot be reached, I hereby authorize the youth leader, or designated adult counselor, to secure the necessary medical or dental treatment at any hospital, clinic, or doctor's office. I also agree that in no way will the church, youth leader, or adult counselor, be held liable for actions taken in good conscience in an emergency situation.

PARENT NAME(S) (PRINTED): _____ PARENT SIGNATURE: _____ RELATIONSHIP: _____

PARENT NAME(S) (PRINTED): _____ PARENT SIGNATURE: _____ RELATIONSHIP: _____

NAME OF YOUTH (PRINTED): _____ DATE: _____

BIRTHDATE: _____ STUDENT'S CURRENT GRADE LEVEL: _____

HOME ADDRESS: _____ GUEST OF: _____ (IF STUDENT IS A VISITOR)

CITY: _____ T-SHIRT SIZE: _____

ZIP: _____ YEAR STUDENT SHOULD GRADUATE HIGH SCHOOL: _____

PARENT/GUARDIAN NAME: _____ CELL PHONE #: _____

PARENT/GUARDIAN NAME: _____ CELL PHONE #: _____

EMERGENCY CONTACT PERSON: _____ PARENT EMAIL: _____

EMERGENCY CONTACT PHONE #: _____ RELATIONSHIP TO YOUTH: _____

HEALTH INSURANCE COMPANY: _____

POLICY AND/OR GROUP #: _____

PHYSICIAN'S NAME: _____ PHONE #: _____

DENTIST'S NAME: _____ PHONE #: _____

DOES YOUR STUDENT SUFFER FROM: ASTHMA EPILEPSY / SEIZURES HEART TROUBLE DIABETES OTHER: _____

DOES YOUR STUDENT HAVE ALLERGIES TO: POLLENS INSECT BITES FOOD _____ MEDICATIONS: _____

PLEASE LIST ANY ADDITIONAL ALLERGIES: _____

PHYSICAL LIMITATIONS: _____

REGULAR MEDICATIONS: _____

OTHER HEALTH CONSIDERATIONS: _____

Please attach a current copy of any applicable insurance cards if we do not have one on file. Thank you!

Note: If you desire to limit your student's participation in any event or wish to alter aspects of an event to accommodate your student, please submit your wishes in writing to the church youth pastor no later than one day prior to event.