

# Elim Student Ministries

## Medical Release/ Waiver/Permission to attend Form

Name \_\_\_\_\_  
(Please Print)

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_  
(Please Print)

Please list the names and phone numbers in order you would like us to contact in the event of an emergency regarding your child.

1. \_\_\_\_\_  
(Name) (Area Code) (Phone Number) (Cell)
2. \_\_\_\_\_  
(Name) (Area Code) (Phone Number) (Cell)
3. \_\_\_\_\_  
(Name) (Area Code) (Phone Number) (Cell)

Known Food, Medicine or other Allergies

\_\_\_\_\_

Doctor/Hospital to contact if needed

\_\_\_\_\_

(Name) (Area Code) (Phone Number)

Medical Insurance/Policy Info Needed for Emergency

\_\_\_\_\_

**Please read, complete and sign the following emergency medical authorization and waiver for your child:**

As the parent/Guardian (circle appropriate relationship) of \_\_\_\_\_, I do here authorize them to attend Elim Student Ministries function. I also waive all claims against Elim Evangelical Free Church of any injury that may be sustained by our said minor child at the church function. In addition, as outlined below, I do herewith authorize the treatment of the above named minor by a qualified and licensed medical doctor in the event of a medical emergency which in the opinion of the attending physician may endanger his or her life, causing disfigurement, physical impairment, or undue discomfort, if delayed. This authority is granted only after a reasonable effort has been made to reach me. This release/waiver/permission form is completed and signed of my own free will with the purpose of authorizing my child's attendance.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Date)