

2017 MEDICAL/DENTAL RELEASE FORM

(for Student Ministry Events Sponsored by Lifepath Church)



PLEASE NOTE: It is your responsibility to update this form throughout the year whenever changes occur.

please print clearly

Student Name _____ Student Birthdate ____ / ____ / ____

Parent/Legal Guardian Name(s) _____

Street Address, City, State and ZIP _____

Home Phone _____

Mobile Phone _____

Student's Social Security Number _____

Emergency Contact (not a parent) _____ Mobile Phone _____

Emergency Contact's Relationship to Student _____

Please attach a copy of the front and back of your insurance card.

Name of Insured _____ Relationship _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information on the back of this form. Check here for no known medical issues.

Please mark all over-the-counter medications which may be administered to your child:

- | | | | |
|--|--|-----------------------------------|--|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Ibuprofen (Advil, Motrin) | <input type="checkbox"/> Benadryl | <input type="checkbox"/> Calamine Lotion |
| <input type="checkbox"/> Robitussin Cough & Cold | <input type="checkbox"/> Immodium AD | <input type="checkbox"/> Maalox | <input type="checkbox"/> Pepto Bismol |

I understand that in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to Lifepath Church or an adult sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being. I agree to assume financial responsibility for any medical treatment or medication needed.

Signed _____ Date _____
(parent or legal guardian)

WAIVER OF LIABILITY STATEMENT

I, the parent or legal guardian of the child listed below release Lifepath Church, together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in the activity listed below. I understand that should my child's behavior necessitate removal from the activity, I will be responsible for transportation home.

Name of Student Participant _____

Activity: All Student Ministry Events

Date(s) of Activity: Calendar Year 2017

Signed _____ Date _____
(parent or legal guardian)

List medical allergies, medications being taken, medical problems, or other pertinent information:
Please Note: An adult will be designated to dispense medicines during any overnight events.

LIFEPATH CHURCH STUDENT MINISTRY
SPIRITUAL CODE OF CONDUCT

FOR THE STUDENT

As a participant in a Lifepath sponsored student activity I agree to follow all the rules established and communicated for each event in which I attend. I understand the need to fully support the spiritual goals of each event and to actively show respect to myself, my peers, and all adult volunteers. Additionally, I recognize the importance of honoring God in my speech, my sexual purity, my use of electronics, how I dress, how I compete, and any other manner in which I could damage my own or the group's spiritual growth and maturity.

In sum, and using the perfect and complete words of our Lord and Savior, Jesus Christ, I will do my best to model the Golden Rule: "So in everything, do to others what you would have them do to you, for this sums up the Law and the Prophets. -Matthew 7:12 (NIV)

Please Print Name _____

Date (MM/DD/YY) _____

Please Sign Name _____