



108 Beck Lane. Lafayette, IN. 47909 | 765.474.1432

2016-2017
Nexus Student Ministry
Medical and Liability Release Form

This form (1) gives your permission for your child to ride in church transportation, (2) gives group leaders authorization to secure medical aid for your child should it be necessary during the event, and (3) releases the Church from liability in the event of injury.

I, _____ consent to allow my son/ daughter _____
(Parent or Guardian Signature - First, Last) (circle) (Print Minor's name - First, Last)

- to participate in any activity or trip sponsored by First Assembly or its Affiliates* (collectively, "Church").
• to be transported from and to First Assembly in church or other transportation for various Student Ministry activities.
• to be photographed in the course of Church activities, and I grant the Church permission to publish such photographs in a manner the Church deems appropriate.

In case of medical need or injury, I hereby authorize any hospital, clinic, physician; doctor, nurse, or technician to furnish my child, named above, any medical or dental care and treatment necessary as a result of injuries sustained or other emergency medical care treatment as the circumstances require while being transported from and back to the church and while at the place of destination. I hereby authorize representatives of the Church to retain or acquire said medical care and treatment in my behalf if I cannot be reached by telephone or there is not time or opportunity to make such a telephone call. I agree that any such expense will be my obligation and I agree not to hold such person responsible for any damages arising from the giving of such consent.

In addition, I waive, release, and indemnify the Church and all of its agents, directors, officers, employees, and volunteers (collectively, "Released Parties") from all demands, claims, or liability, in law or in equity that have arisen or may arise from any Church activity or trip and that involve any damage, loss or injury to me, my spouse, any of my children, my property, or the property of any of my children. In the same capacities, I promise not to sue any of the Released Parties for any such demands, claims, or liability. This waiver, release, indemnification, and promise not to sue do not apply to claims of criminal conduct or gross negligence.

This the _____ day of _____, 20_____.

_____ (Parent/ Guardian Name - First, Last)

_____ (Parent Signature)

_____ (Home Phone #) _____ (Cell Phone #)

_____ (Address)

_____ (Preferred email address for communication)

PLEASE NOTE: We learned from our local hospital that most medical providers will attempt to call the parents before treating the child. Please provide all possible contact numbers in order to enable medical professionals to administer care for your child in a timely manner.

Please complete and return this form to the church. This form will be kept on file Sept. 1, 2016 - Aug. 31, 2017. You are required to update any change in telephone/contact numbers prior to any church sponsored trip. Please complete page 2 on the reverse side of this form.

(Over)

Please fill out the following information: **(You are required to update info. when there are insurance changes!)**

Alternate Emergency Contact Name and #: _____
Family Physician Contact Name and #: _____

Please list any allergies, authorized medications, or special medical problems (asthma, seizures, etc.)

Is your youth covered by medical/hospitalization insurance? yes_____ no_____

If yes, the following information is necessary if your child needs treatment in a non-life threatening situation

For your protection, please describe what type of preauthorization is required in order for services to be covered by your insurance policy:

Name of Insured _____

Insurance Company Name _____

Insurance Company Phone Number _____

Insurance Company Address _____

Group and Policy Number _____

Child's Birth Date _____

Insurance Carrier's Birth Date _____

Mother/ Guardian Place of Employment _____

and Business Phone Number _____

Father/ Guardian Place of Employment _____

and Business Phone Number _____

I waive, release, and indemnify the Released Parties as previously identified from all demands, claims, or liability that have arisen or may arise from any Church activity or trip and that involve any damage, loss, or injury to me or my property.

Signature of Child: _____ **Grade in 2016-2017** _____

** The insurance carrier's social security number or insurance ID number may be required, per request of hospitals, for admittance. This information will be obtained by the hospital in the event your child needs to receive medical attention.

[If you have further questions, please contact Pastor Jonathan Bohl at 765.474.1432 or bohl@firstag.org](mailto:bohl@firstag.org)