

**Modesto CRC Student/Child Ministries Release Form 2022-2023:**

Name of Parent/Guardian: \_\_\_\_\_ Name of Student: \_\_\_\_\_  
Birth Date: \_\_\_/\_\_\_/\_\_\_ School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Parent's Phone # \_\_\_\_\_ Student's Phone # \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Release Form**

I hereby certify that I am the parent of legal guardian of the above named participant and I give my permission for him/her to take part in any of activities that will take place throughout the school/ministry year sponsored by Modesto CRC (MCRC). I am aware that there may be risks and dangers which I will assume personal responsibility for and release and agree to indemnify and hold harmless MCRC, it's officer and directors, employees, and any parties volunteering on behalf of MCRC, from all actions, damages, costs, expenses, or damages of any kind growing out of or related to any activities or transportation to and from activities.

In case of medical emergency, I hereby authorize the treatment of the above name d participant by a qualified and licensed medical physician if in the opinion of that physician the situation may endanger his/her life, case disfigurement, physical impairment, or undue discomfort if delayed. This authorization is granted only after a reasonable attempt has been made to contact me.

I also authorize the release of pictures taken of my child in a church brochure or slideshow. I hereby release MCRC its employees and leaders from any liability regarding use of pictures within church.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Medical Information** – Please print legibly

Health Insurance Company: \_\_\_\_\_ Name of Policy Holder \_\_\_\_\_  
Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
Hospital Preference \_\_\_\_\_ Date of Last Tetanus \_\_\_/\_\_\_/\_\_\_

Please list any physical limitations that might hinder participation in activities, (allergies, asthma, migraines, etc.)

\_\_\_\_\_

Please list medication and doses that are taken regularly

\_\_\_\_\_

Please list any special information should medical treatment be required, (rare blood types, medication allergies, high blood pressure, diabetes, missing organs, etc.)

\_\_\_\_\_