

# STUDENT MINISTRY MEDICAL RELEASE FORM



Centerpoint Community Church  
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For JOURNEY Middle School & REVOLUTION High School Ministries

We require this permission slip to allow us to obtain medical care for your student in the event we cannot contact you. **NO** student will be allowed to attend activities without a completed form. This medical form includes release of liability for events through **June 1, 2023**.

Student Legal Name: \_\_\_\_\_ Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Year in school: \_\_\_\_\_ Name of school: \_\_\_\_\_

Student Email: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Student Cell: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: (cell) \_\_\_\_\_

Parent Email:

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.....  
.....

I /We agree that Centerpoint Community Church may use any audio, video, and/or photography of my/our student obtained during events for promotional or marketing purposes:  YES  NO

## MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailments, illness, propensity, weakness, limitation, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any, accommodation is required on account thereof. Updating of medication must be communicated to the student ministry leader before events. Submit it in writing and attach to this form. Include names of medications and dosages that must be taken.

**CHECK THE FOLLOWING AREAS OF CONCERN FOR THIS STUDENT** (if necessary, add another page with details):

**1. For your student's safety and our knowledge, is your student a:**

- good swimmer  fair swimmer  non-swimmer

**2. Does your student have any allergies:**  Yes  No

- pollens  medications  food  insect bites  other \_\_\_\_\_

If Yes to above please describe \_\_\_\_\_

**3. Does your child suffer from, ever experienced, or is being treated for any of the following:**

- asthma  epilepsy/seizure disorder  heart trouble  diabetes

- frequently upset stomach  physical handicap  other \_\_\_\_\_

4. Date of last tetanus shot: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

5. Does your student wear:  glasses  contact lenses

6. Please list and explain any major illnesses the student experienced during the past year:

7. Should this student's activities be restricted for any reason? Please explain:

8. Is there anything else we should know about your student:

\_\_\_\_\_ has my permission to attend events sponsored  
by Centerpoint Community Church Student Ministry from June 1, 2022 to June 1, 2023.

Name of Student

This consent gives permission to seek any medical attention deemed necessary and releases the Church and its staff of any liability against personal losses of named student. In the event he/she is injured and requires attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend student ministries events. I/We understand that there are inherent risks involved in any ministry event, and I/we release the Church, its pastors, employees, agents, and volunteer workers from any liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the insurance information provided is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our student home at my/our own expense should they become ill or if deemed necessary by the student ministry staff.

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

**For your information, we expect each student to conform to these rules of conduct:**

- Participation with the group is expected
- Respect shown toward one another, staff, and adult leaders
- Respect for and compliance with event schedules
- Respect shown toward event property as well as the property of others
- Clothing must be modest and non-offensive
- No possession or use of alcohol, drugs, or tobacco
- No fighting, weapons, fireworks, lighters, or explosives.
- No student may enter the opposite gender's sleeping quarters
- No student can drive other students except family members

**Students who fail to comply with these expectations may be sent home at their parents' expense.**