

FMP|youth Medical Release

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/St/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student Cell# \_\_\_\_\_ Home Phone# \_\_\_\_\_

Health Insurance Co.: \_\_\_\_\_ Policy/Group Number: \_\_\_\_\_

**List important medical information (allergies, medications, or conditions, etc.) or circle NONE List the medication(s) and dosage instructions in detail.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I desire for my son/daughter/ward \_\_\_\_\_ to participate in **Fairmont Park Church Of Christ Youth Winter Retreat** and give my permission for him/her to do so. I further authorize Fairmont Park Church and its volunteers, staff, and agents to provide first aid to my son/daughter in accord with their judgment, and this treatment may include the administration of over-the-counter (non-prescription) medications to my child and other medications which my child has been prescribed. In the event my son/daughter, in the opinion of Fairmont Park Church or its volunteers, staff, or agents, needs medical care beyond first aid and over-the-counter (non-prescription) medications, I give my consent and permission for such medical care to be obtained on behalf of my child and further give consent to any treatment recommended by the medical personnel consulted. I further understand that photos and videos of **Fairmont Park Church OF Christ Youth Winter Retreat** will be taken and authorize the taking and publication of photographs and videos of my child via the internet or other medium.

I understand that **Fairmont Park Church of Christ Youth Events** may include travel by church vehicles and private vehicles, and such vehicles will be driven by church staff and adult volunteers. I further understand that **Fairmont Park Church of Christ Youth Events** may include outdoor activities & active games. I freely and voluntarily assume the risk of personal injury to my child/ward (or myself if 18), even in the result of negligence of Fairmont Park Church or its volunteers, staff, or agents, and further hold harmless Fairmont Park Church and its volunteers, staff, and agents and release any legal claims of any kind involving any and all injury, disability, death, or loss or damage to person (including myself, and my child/ward) or property, whether caused by the negligence of the releasees or otherwise.

Date: \_\_\_\_\_

Signature of Parent/Guardian if under 18: \_\_\_\_\_ (or participant if 18 or older)

Home Phone \_\_\_\_\_

Work Phone Father/Guardian \_\_\_\_\_ Cell Phone Father/Guardian \_\_\_\_\_

Work Phone Mother/Guardian \_\_\_\_\_ Cell Phone Mother/Guardian \_\_\_\_\_

Emergency Contact: (FIRST TO CALL): \_\_\_\_\_