

MEDICAL RELEASE FORM

(For group trips sponsored by Parkway Student Ministries – see specific trips below)

Name of Youth Participant _____

Full Address _____

Date Of Birth _____ Phone # (____) _____

Emergency Contact _____ Phone # (____) _____

Name of Insurance Co. _____ Policy # _____

Physician Name _____ Phone # (____) _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information: _____

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 Parkway Youth Ministry or an adult leader to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well being.

Signed _____ Date ____/____/____
(Parent or legal guardian)

WAIVER OF LIABILITY STATEMENT

I, the parent or legal guardian of the child listed below, give my permission for my son/daughter to participate in Parkway Student Ministries group trips and release Parkway Student Ministries, 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:

Good for: All youth activities & trips.

Signature _____ Date ____/____/____
(Parent or legal guardian)

I, the Youth Participant agree to follow any and all rules pertaining to this youth event.

Signature _____ Date ____/____/____
(Student Signature)