

**The Church of the Covenant**  
**Student Permission Form/Medical Release**

Name \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_  
Parent or Guardian Name \_\_\_\_\_  
Home Address \_\_\_\_\_  
Home Phone # \_\_\_\_\_ Parent (s) Cell # \_\_\_\_\_  
Which number should we call in case of an emergency? \_\_\_\_\_  
Insurance Co. \_\_\_\_\_ Insurance Policy # \_\_\_\_\_  
Known Medical Conditions \_\_\_\_\_  
Allergies? \_\_\_\_\_  
Medications? \_\_\_\_\_  
Imunizations up to date?: \_\_\_\_ Yes or \_\_\_\_ No  
Will you allow blood transfusions? \_\_\_\_ Yes or \_\_\_\_ No  
Does your child wear contact lenses? \_\_\_\_ Yes or \_\_\_\_ No  
Anything else we should know? \_\_\_\_\_

**Authorization of Consent to Treatment**

I, the undersigned parent or guardian of the child named above, a minor, do hereby authorize The Youth Ministries Team of The Church of the Covenant, as an agent for the undersigned to consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general specific supervision of any physician and surgeon licensed under the provision of the Medical Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, and is given to provide authority and power on the part of our aforesaid agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician may deem advisable. This permission also extends to transportation by ambulance, and care by licensed E.M.T.s if deemed necessary by the youth team.

**Every effort will be made to reach a parent or guardian in case of emergency.**

**Behavior:**

I, the undersigned parent or guardian of the child named above, understand that, in the event my child is disruptive, disobedient, or a hindrance to the activities, I may be called to come pick up my child and take him/her home.

**Consent to participate in activities/events:**

I, the undersigned parent or guardian, give permission for the above named child to participate in The Church of the Covenant Youth Group activities and events. I also certify that I/we have hospital, health, or medical insurance as indicated above. I further agree to permit said insurance to be used in the case of any injury or illness. I give consent for my child to receive medical treatment in the event of injury or illness while participating in any youth group activities.

I, the undersigned, intend to be legally bound, do hereby release, discharge and waive any claim or cause of action I may have against the Church of the Covenant and its agents, volunteers, or employees, for any liability or injury to the child named above, resulting from any cause whatsoever in connection with any activities or events, including transportation to and from the place of said activities/events.

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Date

***Student Permission Form and Medical Release shall remain in effect for 1 year from date signed.***