



Contact and Medical Release Form

Student Information

Name _____ Home Phone _____

Address _____ Student Cell # _____

City, State, Zip _____ Birthday _____

Grade _____ School _____

Contacts

Father's Name _____ Fathers Cell# _____

Would you like to receive text messages from the Youth Minister? Yes No

Mother's Name _____ Mothers Cell# _____

Would you like to receive text messages from the Youth Minister? Yes No

Father's Work _____ Phone # _____

Mother's Work _____ Phone # _____

If you or your child would like to receive the weekly newsletter from the Student Ministry office please list all emails. _____

Other Emergency Contacts _____

Student Medical Information (please attach a copy of the Insurance card to this form)

Health Insurance Co. _____ Policy # _____

Allergies _____

Restrictions _____

Medications currently taking _____

Student's Physician _____ Phone # _____

Date of last tetanus shot _____

I, the parent or legal guardian of the student listed on this form, verify that he/she has my full approval to participate in the South Gate church of Christ Student Ministry program, and any activities taking place with the church.. I do release and hereby agree to hold blameless the South Gate church of Christ, its employees, and volunteers from any and all claims arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with the South Gate church of Christ.

Further, I do authorize the Student Minister or volunteers of the South Gate church of Christ, in the event I cannot be reached by phone, to give consent to a physician and/or hospital for emergency medical or surgical treatment while in their care. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment. My consent and signature is given below. I have read and agree to the information given in this entire form.

Parent or Guardian Signature _____ Date _____