



**Contact and Medical Release Form**

**Student Information**

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

Address \_\_\_\_\_ Cell # \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Birthday \_\_\_\_\_

**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 would like to receive the weekly newsletter from the Student Ministry office please list your email.

\_\_\_\_\_

**Other Emergency Contacts**

\_\_\_\_\_

**Student Medical Information**

Health Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies \_\_\_\_\_

Restrictions \_\_\_\_\_

Medications currently taking \_\_\_\_\_

I, the parent or legal guardian of the student listed on this from, verify that he/she has my full approval to participate in the South Gate Church of Christ Youth 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 Youth programs.

Further, I do authorize the Youth/Family minister or volunteers of the South Gate church of Christ Youth program, 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 Signature \_\_\_\_\_ Date \_\_\_\_\_