

STUDENT PERMISSION SLIP AND MEDICAL RELEASE FORM

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides.

I/We the undersigned have legal custody of the student named below, a minor, and have given our consent for him/her to attend events being organized by Columbia Presbyterian Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Columbia Presbyterian Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Columbia Presbyterian Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided below is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

My child, _____, has my permission to attend all youth activities sponsored by Columbia Presbyterian Church from September 1, 2006, thru August 31, 2007. I also agree with the above medical release statement.

Parent/Guardian signature: _____ **Date:** _____

Parent Email Address: _____

Student's health insurance company: _____

Insurance policy number: _____

Emergency contact person and telephone number: _____

Emergency cell phone numbers: _____

Does your child have any allergies? Please specify: _____

Is your child taking any medication at this time? If so, please explain.

Are you in need of a financial scholarship? _____