



Student Release Form

Trip Name | _____

Trip Date | _____

Student's Name | _____

DOB | _____ Grade | _____ Gender | M F

Address | _____

City, State, Zip | _____

Parent 1 Name | _____

Parent 1 Phone | _____

Parent 2 Name | _____

Parent 2 Phone | _____

Parent's Email | _____

Family Physician | _____

Insurance Company | _____



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Brief Medical History

In the event of an emergency, the most accurate and updated information will be extremely helpful for us in providing the best care for you student.

List All Medical Conditions & Any Current Medication Regimens

**If None Apply Write None*

List All Known Allergies & Dietary Restrictions

**If None Apply Write None*

Medical Treatment, Photography & Cancellation Authorization

In the event that a serious accident or illness befalls your student mtn. church will first make every effort to contact you and comply with your instructions. If you can not be located, mtn. church is authorized to:

1. Contact the family physician or alternative names listed above and follow their instructions.
2. Transport the above student to a hospital for treatment by an on-duty emergency room physician.
3. The undersigned hereby authorizes the physician to give consent any procedure or hospital care deemed advisable by said doctor.

I hereby release mtn. church, it's employees and agents from all liability whatsoever for any injury, damage, or loss which may be sustained by my child during the course of involvement with mtn. church.

Regarding photography of the minor taken at any mtn. church event, I give mtn. church permission to do the following for non-profit use and without charge : use at the discretion of mtn. church, display at gatherings or events or be used in a multimedia presentation, reprint and distribute with display on the mtn. church website, or use quotes and video clips on the mtn.church website and blog.

Reservations must be cancelled no later than two weeks prior to trip in order to receive a refund.

Sign | _____ Date | _____
(Parent or Legal Gaurdian)

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