

# Children and Youth Ministries



## Medical Information & Liability Release Form

**\*Note:** This form can be used for up to 2 participants who all live at the same address and have all the same emergency & medical info. Please use another form if you have 2 or more participants or any of the info does not match. **\*all starred information is required\*** Thanks!

### Participant's Name

1. \*Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Male  Female First and Last Name \*Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: XS S M L XL XXL  
Circle One

\*Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

2. \*Legal Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Male  Female First and Last Name \*Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_ T-Shirt Size: XS S M L XL XXL  
Circle One

\*Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*Address: \_\_\_\_\_  
City State Zip

Home Phone: \_\_\_\_\_

### Emergency Contacts and Guardian/Parent Information

*(Under 18 fill out whole section, Over 18 fill out ER contacts only)*

1. \*Guardian's Legal Name: \_\_\_\_\_  Live w/Participant  
First and Last Name

\*Mobile Phone: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

2. Guardian's Legal Name: \_\_\_\_\_  Live w/Participant  
First and Last Name

Mobile Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*Emergency Contact's Legal Name: \_\_\_\_\_

(Contact other than Guardian) First and Last Name  
\*Mobile Phone: \_\_\_\_\_ \*Email Address: \_\_\_\_\_

\*Address: \_\_\_\_\_  
City State Zip

### Health Information

*Please include a photocopy of your medical insurance card and your prescription card (if applicable)*

\*Doctor's Name: \_\_\_\_\_ \*Phone: \_\_\_\_\_  
Doctor's First and Last Name(s)

\*Medical Insurance Company: \_\_\_\_\_ \*Phone: \_\_\_\_\_

\*Medical Insurance Policy #: \_\_\_\_\_ \*Group #: \_\_\_\_\_

\*Allergies: \_\_\_\_\_ \*Date of Last Tetanus: \_\_\_\_\_

\*Health Conditions/Medications child/youth is currently taking: \_\_\_\_\_



#### Additional Info

If you have additional info such as any medical or other condition we should be aware of, an activity you wish your child/youth to be excluded from, special needs, dietary restrictions, or who can/cannot pick up your child(ren), please attach a note.

To Participate please complete both sides, Extra copies of this form may be obtained online at [covenantgrove.org](http://covenantgrove.org)

*"To transform religious and irreligious people into Fully Devoted Followers of Christ."*

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## Medical Information & Liability Release Form



### Guardian Consent

I/We, \_\_\_\_\_, the parent(s) or legal guardian(s) of  
*Guardian or Parent's First and Last Name(s)*

\_\_\_\_\_, a minor(s),  
*Minor's First and Last Name(s)*

and I am informed of the activities offered by Covenant Grove Church located at 4825 Roselle Ave, Modesto, Ca 95357. As the parent or legal guardian of the above stated student and I give my son/daughter permission to take part and fully participate in all activities, on and off campus, with Covenant Grove Church.

I hereby assume all risk of personal injury, sickness, death, damage, and expense as a result in participation in activities. I release, forever discharge, and agree to hold harmless Covenant Grove Church, the directors, staff and volunteers from any and all liability, claims, or demands for personal injury, sickness, or death. I hereby give permission to Covenant Grove Church to take my son/daughter to a doctor or hospital and authorize medical treatment including but not in limitation to emergency surgery, medical treatment, or x-rays. I will assume all responsibility for all medical bills, if any. I and/or my student may be found by a court of law to have waived any right to maintain a claim or lawsuit against Covenant Grove on the basis of any claim which has been released herein.

Further, authorization and permission is hereby given to Covenant Grove Church to furnish any necessary transportation, food, and lodging. I grant permission for my son/daughter to be used in any audio, video, and/or photography of activities facilitated by Covenant Grove Church, which may be used for future promotion and/or display. Should it be necessary for my child to return home due to medical reasons, disciplinary action, or otherwise, I hereby assume all costs.

### Basic Rules

Misconduct may result in transportation home from an activity at parents' or individual (if over 18) expense. Any participant dismissed for a disciplinary reason will not receive a refund of the activity fee. These rules are to ensure their and other's safety. Respect one another, staff and adult leaders, No 2-piece swim suits or Guys Speedos, No lighters, fighting, weapons, fireworks, explosives, No students permitted to drive for events, Respect property, Participation with the group expected, No offensive or immodest clothing, No alcohol, drugs, tobacco, sexual relations, Respect and comply with event schedules/rules, obey state, national, and federal laws. Thanks for helping us provide a safe environment.

I consent and agree to the above statements. The information I have disclosed is true to the best of my knowledge. If there are any changes to the above information, I will contact Covenant Grove Church immediately.

Student Signature: \_\_\_\_\_

Individual or Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*(If Over 18) (18 and Under)*

### Review of Form

These forms need to be reviewed each year to ensure the info is correct. If all your info is the same as last time then you can sign and date at the bottom, otherwise please fill another form out.

Initial and Date: \_\_\_\_\_ Initial and Date: \_\_\_\_\_ Initial and Date: \_\_\_\_\_

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