

**SARASOTA CHRISTIAN CHURCH**  
**2008-2009 STUDENT MINISTRY CONSENT & RELEASE FORM**

Name \_\_\_\_\_ M \_\_\_ F \_\_\_ Age \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ School \_\_\_\_\_ Grade (fall, 2008) \_\_\_\_  
 E-mail address \_\_\_\_\_ Parents or Legal Guardian(s) \_\_\_\_\_  
 Parent(s) Business Phones (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_  
 Parent(s) Cell Phones (Father) \_\_\_\_\_ (Mother) \_\_\_\_\_  
 Other Emergency Phone \_\_\_\_\_ Name / Relationship of Emergency Contact: \_\_\_\_\_  
 Date of Last Tetanus Shot \_\_\_\_\_  
 Physician \_\_\_\_\_ Physician's Phone \_\_\_\_\_  
 Dentist \_\_\_\_\_ Dentist's Phone \_\_\_\_\_  
 Medical Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_  
 Medical Info/Comments (allergies, special medical needs) \_\_\_\_\_

Should this student's activities be restricted for any reason? Yes \_\_\_ No \_\_\_ Please explain \_\_\_\_\_

\*All medication must be check in with an adult prior to event by parent with dosage and medication times clearly written out. Medication will be issued by an adult and will be the responsibility of the minor.

**PARENT/GUARDIAN MUST READ AND COMPLETE BOTH SIDES OF THIS FORM. IN CASE OF AN EMERGENCY, THIS FORM WILL BE ESSENTIAL FOR PARENTAL CONTACT AND APPROPRIATE CARE.**

The undersigned does hereby give permission for my child, \_\_\_\_\_, to attend and participate in activities sponsored by Sarasota Christian Church from September, 2008, through December, 2009.

**GENERAL RELEASE:**

I realize that my child may incur personal injury or bodily damage while participating in such activities and acknowledge that the Church, its leaders, staff, elders, employees, agents, and any parties volunteering on behalf of the Church, shall be held harmless from all actions, claims, costs, expenses, damages of any kind, growing out of or related to any activity of the Church in which my child participates. I further acknowledge that this is a full and complete release for all injuries, sickness, death and damages which my child could sustain as a result of his/her participation in any Church activities. \_\_\_\_\_ (initial)

**MEDICAL RELEASE:**

I authorize the group leader, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether diagnosis or treatment is rendered at the office of physician or at said hospital. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical/dental services rendered. This authority is granted only after a reasonable attempt has been made to contact me. \_\_\_\_\_ (initial)

**TRANSPORTATION RELEASE:**

I give permission for my child to be transported to and from church-sponsored activities in a church, private or rental vehicle. Should it be necessary for my child to return home due to medical reasons, misconduct or otherwise, the undersigned shall assume all transportation costs. \_\_\_\_\_ (initial)

**DISCIPLINE RELEASE:**

In the event of inappropriate student conduct, I authorize the group leader or staff to send my student home at my expense. \_\_\_\_\_ (initial)

**PERSONAL BELONGINGS RELEASE:**

I realize that Sarasota Christian Church is not responsible for personal belongings. \_\_\_\_\_ (initial)

Signed: \_\_\_\_\_ (Parent/Legal Guardian) \_\_\_\_\_ (Student) \_\_\_\_\_ (Date)