

Next Level Student Ministries

Cornerstone Church, Bethalto, Illinois

Youth Health & Release Form

ATTENTION Parents/Guardians and students: In order for any student to attend any Next Level Student Ministries event or activity, this form must be accurately completed and on file with the student ministries office before the event or activity. Students without a completed health and release form will not be permitted to participate in any event or activity.

Student Information

Student's Name (First, MI, Last) _____

Today's Date (mm/dy/yr) ____/____/____ Student's Date of Birth (mm/dy/yr) ____/____/____ Male / Female

Home Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Student's Cell Phone (____) _____

Student SSN ____-____-____ Student's Email _____

Parental/Guardian Information

Parents/Guardians Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone (____) _____ Business Phone (____) _____

Cell Phone (____) _____ Email _____

Emergency Contact Information

Name _____

Relationship to Student _____

Home Phone (____) _____ Business Phone (____) _____

Cell Phone (____) _____

Health Insurance Information

Name of Health Insurance Provider _____

Provider Address _____

City _____ State _____ Zip Code _____

Provider Phone Number (____) _____

Policy No _____

Doctor & Facility Information

Family Doctor's Name _____

Location (Facility) _____

Doctor Address _____

City _____ State _____ Zip Code _____

Office Number (____) _____

Student Medical Information

What medications does your child take? _____

What major surgeries has your child had? _____

Does your child have any allergies (including medications)? _____

Does your child have any special dietary needs? _____

Has your child been diagnosed with any illnesses? If yes, what? _____

Does your child have any communicable diseases? _____

Date of last Tetanus immunization: ____/____/____

May your child be given over-the-counter pain medications (Tylenol, Motrin, etc.)? YES NO

Medical Waiver & Consent

If necessary, I _____ (parent/guardian), hereby authorize any approved leader from Cornerstone Assembly of God Church or Next Level Student Ministries to obtain any medical or surgical care for _____ (child's name), my child. I further understand that should a health problem arise, the leadership will make attempts to notify me or the designated emergency contact previously named.

Parent/Guardian Signature _____ Date ____/____/____

Risk Waiver & Consent

Cornerstone Assembly of God Church and Next Level Student Ministries take all possible measures to keep participants in events, activities, and services safe. However, there is a risk of injury or illness possible at any event, activity, or service. I as his/her parent/guardian acknowledge and accept the risk.

I _____ (parent/guardian) further indemnify Cornerstone Assembly of God Church, Next Level Student Ministries, their leaders and all affiliates from any liability and waive my right to any future claim that may arise from any injury or illness resulting from participation in Next Level Student Ministries events, activities, and services.

Parent/Guardian Signature _____ Date ____/____/____

Permission and Accident Waiver

_____ (Child's name) has my permission to participate in the events, activities, and services of Cornerstone Assembly of God Church's Next Level Student Ministries. I understand the leadership will notify me of event information ahead of the event and will tend to the supervision of my child during the event. Beyond this, I will not hold the church or its affiliates responsible. I give permission for the transportation of my child for the event and for medical treatment as necessary as previously stated in the medical waiver and consent. Further, I accept financial responsibility for damages to property or materials, travel costs, and/or program costs which might result from misbehavior or violating rules on behalf of my child. I also understand that by allowing my child to participate in the events, activities, and services of Next Level Student Ministries I give my consent to allow my child's printed, electronic, or video photograph to be taken and used for promotional purposes.

Parent/Guardian Signature _____ Date ____/____/____