

**SANTEE CIRCLE COMMUNITY CHURCH STUDENT MINISTRY
PERMISSION & MEDICAL RELEASE FORM
2017**

EMERGENCY INFORMATION:

Student's Name: _____ Age: _____ Grade: _____

Pediatrician Name & Phone Number: _____

Allergies: _____

Medications currently taking: _____

Parent's/Guardian's Name: _____

Parent's/Guardian Birth Date: _____ Place of employment: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Parent cell phone: _____

Emergency Contact Name (other than parent) and number: _____

Insurance Company: _____

Policy No. _____

*Please keep this form up to date if there are any changes in the information above.

GENERAL RELEASE/HOLD HARMLESS AGREEMENT

As the parent or legal guardian of the above student:

1. I acknowledge that the student above desires to participate in the programs, events or activities (hereinafter collectively referred to as "Activities") operated, sponsored or attended by Santee Circle Community Church (hereinafter referred to as the "Church") and The Student Ministry of Santee Circle Community Church.

2. I acknowledge that participating in the activities operated, sponsored or attended by the Church and Student Ministry will frequently involve transportation to and from various locations.

3. I hereby give consent for the above student to participate in the Activities and authorize the Church and Student Ministry to transport the above student to and from various locations for the activities.

4. I give permission for the above student to ride in any vehicle, deemed suitable by the adult in whose care the above student has been entrusted, while attending and

participating in activities operated, sponsored or attended by the Church and Student Ministry.

5. In the event the above student is injured while participating in activities or while being transported, I do hereby authorize and consent to any X-ray, examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care rendered under the general supervision and 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 such diagnosis or treatment is rendered at the office of said physician or at said hospital.

6. I acknowledge the undersigned shall be liable and agree to pay all cost and expenses incurred in connection with any such medical and dental services rendered to the above student pursuant to this Authorization.

7. I understand that should it be necessary for the above student to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

8. In consideration of the Church and Student Ministry allowing the above student to participate in activities, I do hereby release and forever discharge the Church, Student Ministry, their officers, director, employees, agents and any parties volunteering on behalf of the Church or Student Ministry from all actions, claims, damages, costs, expenses, or damages of any nature whatsoever arising from or in connection with participation in or transportation to or from activities.

9. As the undersigned, I understand it is my responsibility to update the Emergency Information contained in this Permission and Medical Release Form as necessary.

10. I consent and give my permission for the Church and Student Ministry to use any photographs and/or videotapes of the above student for use in the Student Ministry and/or any promotional material for the Church and Student Ministry.

Signature of Parent/Guardian

Print Name of Parent/Guardian

Relationship: _____ Date: _____

Church Physical Address:

1258 N. Hwy 52
Moncks Corner, SC 29461
843-899-5912