

# East Richland Evangelical Friends Church

## Friends Student Ministry

67885 Friends Church Road, OH 43950  
Medical Permission and Release Form for **2023**

The following information will be used with registration forms completed for any student ministry events.

Student's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Student's Cell \_\_\_\_\_ Age \_\_\_\_\_ Sex (circle) MALE FEMALE

Student's Email \_\_\_\_\_

Father \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

Mother \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Email \_\_\_\_\_

### Required Emergency Medical Information:

Family Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Primary Insured \_\_\_\_\_ Insurance Company Phone # \_\_\_\_\_

#### Daily Medication Requirements:

Medicine \_\_\_\_\_ Prescribed Dosage \_\_\_\_\_ Time \_\_\_\_\_

Medicine \_\_\_\_\_ Prescribed Dosage \_\_\_\_\_ Time \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Important Medical Information: \_\_\_\_\_

### Medical and Surgical Waiver

Also: Property Damage, Transportation for Disciplinary Reasons and Personal Property Searches

- I am the parent and/or legal guardian of \_\_\_\_\_ and hereby acknowledge that he/she is under my care, custody, and control.
- In the event there arises an emergency necessitating medical/surgical attention, I expressly grant my permission and consent to the East Richland Evangelical Friends Church staff, its representatives, sponsors, or any attending physician, to make such decisions and to perform such medical treatments and/or surgery upon my child listed above which may in their sole discretion be necessary and proper under the circumstances.
- I, the undersigned parent and legal guardian of above-mentioned child, do release, acquit, discharge, and covenant to indemnify and hold harmless East Richland Evangelical Friends Church or its representatives, the sponsors, or any attending physician, from any and all actions, causes of actions, related risks and dangers, including negligence, damages, liabilities arising out of the treatment of any sickness or accident, and any financial responsibility for all medical treatment provided.
- I also assume financial responsibility for any damages my child may cause, and for providing transportation home should it become necessary for disciplinary reasons. I also give my permission to the East Richland Evangelical Friends Church staff, its representatives, and the adult sponsors and chaperones to search my child's personal belongings, including but not limited to all luggage, purses, and backpacks, if deemed necessary on rare occasion for security reasons.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_