



Medical Release Form

Each student and adult must fill out the information below, completely.

Student's Name _____

Male ___ Female ___ Date of Birth _____ Age _____

Address _____

City/State/Zip _____

Student's Email Address _____

Student's Cell Phone # **(Ages 12 and over only)** _____

Parent/Guardian Name _____

Home Phone _____ Work Phone _____

Emergency Contact _____ Phone _____

MEDICAL INFORMATION

Insurance Carrier _____ Policy Number _____

Name on Insurance Card _____

Physician's Name _____ Phone _____

Comments, Medical Information, & Medication

*All texts using cell phone and email communications will be general information pertaining to events and schedule changes.

(Continued on back)

I hereby give my permission for myself or my child to participate in an activity organized by Community Church of Hudson. I hereby release, hold harmless, and absolve Community Church of Hudson, their staff, sponsors, vendors, and all others who have participated in the planning, organizing, and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss, or inconvenience suffered or sustained as a result of the participation in the activity. I understand that in the event I or my child requires medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the Community Church of Hudson staff or any adult counselor acting on behalf of Community Church of Hudson with respect to the activity, to consent to any X-ray examination, medical, dental or surgical diagnosis; treatment; and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all my child's medical allergies, medications being taken, medical problems and other pertinent information. Finally, I agree that Community Church of Hudson may tape or photograph my child and record his or her voice during the participation in the activity. I agree that Community Church of Hudson will be able to use them, in whole or in part, whether in original or modified form in any manner or media, including without limitation, for the purpose of advertising, promoting, and publicizing Community Church of Hudson, whether during the activity or thereafter. I hereby release and discharge Community Church of Hudson and all affiliated entities from any and all claims, demands, or causes of action that I have in connection with the use and exercise of the rights granted in this release.

Signed (Parent or Guardian)_____

Date_____