

Permission and Medical Release Form

I, _____, give my permission for _____ to participate in Student Ministries activities from NorthStar Church, Knoxville, TN.

Emergency Medical Information

Participant Information:

Name _____ Birthdate _____

Home Address _____

Social Security # _____ home phone _____

Please list any medical conditions, injuries, or allergies: _____

In case of emergency contact

Name _____ phone _____

Name _____ phone _____

Physician Information:

Physician _____ phone _____

Insurance: We require each participant to be covered by sufficient health/accident insurance.

Company _____ Effective date _____

Group I.D. # _____

Medical Release: In the event of an emergency, in which you are unable to reach me (parent/guardian), in case of injuries, accidents, or illness, I give my permission for treatment deemed necessary in consultation between attending emergency physician and the Event Leader for NorthStar Church. I also release NorthStar Church and its program staff of liability in the case of accidents or injuries to _____ while attending any event or trip.

(Signature of parent/guardian)

(Date)