

STUDENT MINISTRY ACTIVITIES FORM 2010-2011

As parent/guardian of _____, I give my permission for him/her to participate with the Northview Christian Church.

During the activity date, in the event that he/she is injured and requires medical attention, I consent to reasonable medical treatment as deemed necessary by a licensed physician or medical emergency department. I have authorized the adult leaders involved to act on my behalf if consent is needed for emergency care and I cannot be reached by phone.

I grant permission for Northview Christian Church to use photos taken during the event for church publications.

Signature: _____ Relationship: _____

Date: _____

Phone numbers: Home: (____) _____ Cell: (____) _____

Work: (____) _____

Student's Information

Name: _____

Address: _____

Home Phone: (____) _____ Birthday: ____/____/____

Medical Insurance Company: _____

Policy/I.D. Number: _____

Name/Relation of individual owning policy: _____

In case of an emergency, contact: _____

Relation: _____ Phone: (____) _____

Known allergies, medical conditions, or medications currently being taken:
