

**Allegheny Center Alliance Church Student Ministries
Student Permission / Medical Release Form**

Student Name _____ **Birth Date:** _____ **Grade** _____

Street _____ City _____ Zip _____

Hm Phone _____

Please read and initial each item listed below:

____ My initials certify that the student(s) named on this form has my permission to participate in **Summer Missions Opportunities (SMO) 2012** with ACAC Student Ministries.

____ My initials certify that the student(s) named on this form is in good health and fully able to participate in all ACAC Student Ministries events for which we register.

____ My initials indicate that we will update the ACAC Student Ministries office if there are any changes in emergency contact(s) or medical conditions from one event to another.

****We will make every effort to provide safe conditions with adequate adult supervision. We are always interested in providing a safe event in every way and in the spiritual, physical, and mental development of your student(s). To help us do so, please complete the following information.**

Please list any allergies or conditions that may be relevant to a physician in the event of an emergency (including previous injuries). Use back of form for additional student(s). _____

Is there presently any medication(s) being taken by your student(s)? If so, please list medication being taken. Use back of form for additional student(s) _____

Are there any medical concerns or limitations that our staff should be aware of? If yes, please explain. Please use back of form for additional student(s). _____

Medical Insurance Company: _____ Policy #: _____

Please check if you do not have health insurance

Date of student's last tetanus shot: (Use back of form for additional student(s)). _____

In the event of an emergency, please give the name, address, and phone number of an Authorized/Designated Individual to make emergency decisions:

Name _____ Hm Phone _____ Cell Phone _____

Address _____ Relationship: _____

My signature indicates that, in the event of an emergency and in the event that (1) a parent/legal guardian or the Authorized/Designated Individual identified above cannot be reached; or (2) immediate medical attention is necessary, I consent to have the Allegheny Center Alliance Church staff/leaders act in my behalf and I hereby grant my permission for emergency treatment to be administered until a parent/legal guardian or Authorized/Designated Individual identified above can be reached. I agree not to hold Allegheny Center Alliance Church, or any staff/leaders, liable for decisions or any emergency medical treatment made under this authorization, for any accident or loss to the student however caused.

My signature indicates that I have read, and do agree to the conditions listed above, and that I have included any necessary information regarding my student(s).

Date: _____

| Printed name of Parent/Legal Guardian | Signature of Parent/Legal Guardian | Relationship | Work Phone# | Cell Phone# |
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