

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

Revised May 2018

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

please list additional student information on back of form.

Street _____ City _____ Zip _____

Home 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 **all events 2018-2019** 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.

Cancellation Policy: If request for cancellation is received by the deposit due date your deposit will be refunded in full. If request is received after the deposit due date, your deposit is not refundable. If you cancel before the balance due date, you will receive your paid balance minus your deposit and any expenses incurred in the cancellation of trip arrangements already made on behalf of your student (e.g. tickets, etc...). If at time of cancellation, costs incurred exceed balance paid, you will be responsible to pay the difference. We are sorry, but no refunds can be processed after the balance due date as ACAC must fulfill its contractual obligations with our partners.

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).

This form is good from signed date until June 30,2019. ⇨

Date: _____

Print Parent/ Guardian Signature Relationship Work Phone# Cell Phone#

Print Parent/ Guardian Signature Relationship Work Phone# Cell Phone#

Student #2 Name _____ **Birth Date:** _____ **Grade** _____

Please list any allergies or conditions that may be relevant to a physician in the event of an emergency (including previous injuries). _____

Is there presently any medication(s) being taken by your student(s)? If so, please list medication being taken. _____

Are there any medical concerns or limitations that our staff should be aware of? If yes, please explain. _____

Date of student's last tetanus shot: _____

Student #3 Name _____ **Birth Date:** _____ **Grade** _____

Please list any allergies or conditions that may be relevant to a physician in the event of an emergency (including previous injuries). _____

Is there presently any medication(s) being taken by your student(s)? If so, please list medication being taken. _____

Are there any medical concerns or limitations that our staff should be aware of? If yes, please explain. _____

Date of student's last tetanus shot: _____

Photo/Video Release Form

By signing below, I grant Allegheny Center Alliance Church permission to use, distribute, and/or publish my name and/or likeness in a photograph, video, and/or audio reproduction without payment or any other consideration for the following project:

This grant shall extend to any and all remakes and reissues of this video production, and to any and all phases of the utilization of this video, including publicity, promotion, advertising, distribution, marketing, and for-sale products.

I am at least 18 years of age and am competent to contract in my own name. I have read this release before signing below and I fully understand the contents, meaning, and impact of this release.

Printed Name

Signature

Date

If the person signing is under age 18, there must be consent by a parent or guardian, as follows:

By signing below I certify that I am the parent or guardian of the person named above and do give my consent without reservation to the foregoing on behalf of this person.

Printed Name of Parent/Guardian

Parent/Guardian Signature

Date