

# Medical and Liability Release Form

Student's Name: \_\_\_\_\_

## Health Insurance Information

Insurance Company: \_\_\_\_\_ Phone: ( ) -

Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

List any known allergies, disabilities, and medications that the student takes:

\_\_\_\_\_  
\_\_\_\_\_

I, the parent or legal guardian of the student named above, certify that he/she has my permission to participate in any/all activities and/or programs of North Terrace Church of Christ. The student understands that he/she is expected to follow any/all rules and regulations and to be responsible to the staff and volunteers of NTCoC, and if necessary, may, because of misconduct or disobedience, be required to leave any/all programs. In such an instance, I will resume full responsibility for returning my student home in a timely manner.

Further, I do release and agree to hold blameless NTCoC, its employees, volunteers and staff from any/all claims arising or which may be asserted by me or by any member of my family by reason of participation in any activity associated with NTCoC. Further, I give NTCoC permission to use photos and video taken of my student at any event for promotional and/or editorial materials.

Further, I do certify that said student is covered by adequate accidental insurance. I give my consent for my child to be treated in case of emergency and authorize medical treatment, including but not limited to, emergency surgery or medical treatment. I assume all responsibility for medical bills and payment, if any.

My consent and signature is given below. I have read and agree to the information given on this entire form.

\_\_\_\_\_  
Signature of Parent or Guardian Date signed

## Emergency Contacts

Name: \_\_\_\_\_ Phone: ( ) -

Name: \_\_\_\_\_ Phone: ( ) -



**NORTH TERRACE**  
*Church of Christ*