

NEPC STUDENT MINISTRIES RELEASE FORM (Effective through August 31, 2024)

Name: _____	Birth Date: _____	Male ___	Female ___
Address: _____	City: _____	State: _____	Zip: _____
School: _____	Grade: ___	Student cell: (____)	Student email: _____
Parent/guardian: _____	Home Phone: (____)		
Parent/guardian Email: _____	Dad cell: (____)	Mom cell: (____)	
Emergency contact(If parents cannot be reached): _____			Phone: (____)

TRANSPORTATION and PHOTO RELEASE:

<input type="checkbox"/> Yes, I give my permission for my student to ride alone in a car with an NEPC adult staff or approved volunteer
<input type="checkbox"/> No, I do not give my permission for my student to ride alone in a car with an NEPC adult staff or approved volunteer
<input type="checkbox"/> Yes, I give my permission for my student to ride in the car with a student driver
<input type="checkbox"/> No, I do not give my permission for my student to ride in the car with a student driver
I confirm that my signature on this form gives consent to use photos of our child from Northeast Presbyterian Church youth events in future Northeast Presbyterian Church publications and/or website.

MEDICAL INFORMATION:

This Release Form is only completed when you attach a current copy of your insurance card.
Medical insurance company: _____ Group #: _____ Policy #: _____
Insurance company phone: (____) _____ Family physician: _____ Phone: (____) _____
Physical limitations (including allergies, injuries, chronic conditions) and/or special instructions: _____

List ALL medications taken on a regular basis and/or brought with the student (prescription meds must have a pharmacy label and name of doctor) : _____

This information is correct and this student has permission to engage in all activities except as noted herein. Further, I understand that there are risks involved in participation in youth functions. I hereby release NEPC, its employees, agents, and volunteers from any liability associated with participation in any such activity.

I give my permission to medical personnel selected by NEPC employees, agents or volunteers, to order routine tests and provide treatment for my student named herein in case of injury or illness. In the event of an emergency, and neither a parent nor the emergency contact can be reached, I hereby give permission to hospitalize, secure treatment, and provide needed care to my student, as ordered by the selected medical personnel. I further authorize the release of the above medical information to the selected medical personnel and/or health insurance company. I understand that if I do not have medical insurance, I as the parent or guardian, will be responsible for any medical expenses in the event of injury or illness.
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Signature of parent/guardian: _____ Date: _____
