



# MEDICAL/LIABILITY RELEASE

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## STUDENT INFORMATION

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
Mailing Street

\_\_\_\_\_  
Mailing City, State, Zip

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Student Mobile Phone

\_\_\_\_\_  
Student Date of Birth

\_\_\_\_\_  
Year of High School Grad

## PARENT(GUARDIAN) INFORMATION

\_\_\_\_\_  
Father (Guardian) Name

\_\_\_\_\_  
Mother (Guardian) Name

\_\_\_\_\_  
Father Mobile Phone

\_\_\_\_\_  
Mother Mobile Phone

## ALTERNATE CONTACT INFORMATION

(if we are unable to contact parents)

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Mobile Phone

## MEDICAL INFORMATION AND RELEASE

\_\_\_\_\_  
Health Insurance Company

\_\_\_\_\_  
Member ID

\_\_\_\_\_  
Group or Policy #

Allergies/Medications/Other Medical Information \_\_\_\_\_

In the event that an emergency should arise while (student's name) \_\_\_\_\_

Is participating in a Templeton Community Church related trip or event, which would require medical and/or surgical treatment, I authorize those working or volunteering for Templeton Community Church to seek and obtain appropriate and necessary medical care and treatment for the above named individual. Every effort will be made to contact me.

\_\_\_\_\_  
Parent (Guardian) Signature

\_\_\_\_\_  
Parent (Guardian) Printed Name

\_\_\_\_\_  
Date

## LIABILITY RELEASE

I, the undersigned, hereby agree to authorize (student's name) \_\_\_\_\_

to participate in Templeton Community Church related trips and events. I understand and assume all risks associated with water hazards, sports, games, and all other activities associated with programming through Templeton Community Church. I agree to hold Templeton Community Church, its employees and volunteers, and anyone related to the programs at Templeton Community Church, harmless of any liability whatsoever from accident or serious injury to my student.

\_\_\_\_\_  
Parent (Guardian) Signature

\_\_\_\_\_  
Parent (Guardian) Printed Name

\_\_\_\_\_  
Date