

Please Complete Both Sides

**Sarasota Alliance Church
Cornerstone Student Ministry
7221 Bee Ridge Rd
Sarasota, FL 34241**

EMERGENCY MEDICAL AND PERMISSION CONSENT FORM

Date: _____

Name of Student: _____
Last First Middle

Date of Birth _____

Home Address: _____
Street City Zip

Home Phone: _____ Age: _____ Blood Type: _____

Parent/Guardian: _____ Relationship: _____

Address of above (if different) _____

Phone (if different) _____

PERSON OTHER THAN THE PARENT OR GUARDIAN WHO COULD BE CONTACTED IN
CASE OF AN EMERGENCY: _____ PHONE: _____

DOES THE ABOVE STUDENT SUFFER FROM ANY ALLERGIES TO FOODS,
MEDICATIONS, ETC? ___ YES ___ NO IF YES, PLEASE LIST: _____

DOES THE ABOVE STUDENT REGULARLY TAKE ANY MEDICATION? ___ YES ___ NO
IF YES, PLEASE INDICATE THE NAME OF THE MEDICATION, THE DOSAGE AND
WHETHER THEY CARRY THAT MEDICATION WITH THEM: _____

LAST DATE OF TETNUS SHOT: _____ FAMILY PHYSICIAN _____

PHYSICIAN INFO: _____
Street City Zip

MEDICAL INSURANCE CARRIER: _____

POLICY AND/OR GROUP NUMBER: _____

PARENT/GUARDIAN SIGNATURE: _____

Please Complete Both Sides

Sarasota Alliance Church

**2016 MEDICAL RELEASE FORM FOR OUT OF COUNTY
OR OVERNIGHT TRAVEL**

Name of Student (Please print): _____

Home Phone: _____ **Date of Birth:** _____

Place of Birth: _____

Parent's Work Number: _____ **Other Emergency Ph#** _____

This application to travel and participate in activities or events sponsored by the Sarasota Alliance Church is entirely voluntary on our part. It is agreed that we will abide by all the rules set down by the Sarasota Alliance Church. The Church Board and Youth Staff desire that students and parents or guardians of students have a thorough understanding of the implications involved in a student participating in a voluntary activity. For this reason, it is required that each student in the Sarasota Alliance Church Cornerstone Youth Group, his or her parents, or guardian, read, understand, and sign this agreement prior to the student being allowed to participate in any out of county or overnight trips.

1. I/We, the undersigned, as parent, parents, or guardian give my/our consent for the student identified herein to participate in this activity as a representative of the Sarasota Alliance Church.
2. I/We will not hold the Sarasota Alliance Church, anyone acting on its behalf, responsible or liable for any injury occurring to the named student in the course of such activities or such travel.
3. I/We understand that all claims for injuries received while participating in the church activity, shall be processed by the student, his/her parent, parents, or guardian through the company agent handling the student's insurance policy.
4. I/We hereby accept financial responsibility for equipment or instruments lost or destroyed by the student identified herein.
5. I/We authorize the church to transport and to obtain, through a physician of its own choice, any emergency medical care that may become reasonably necessary for the student in the course of such activities or such travel. I/We also agree that the expenses for such transportation and treatment shall not be borne by the church or its representatives.
6. I/We accept full responsibility and hereby, grant permission for my son/daughter to travel on any approved church related trip. This statement remains in effect for one year, unless cancelled by me in writing.

Student Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ **Date:** _____