

STUDENT MINISTRY RELEASE FORM

Hastings Evangelical Free Church, Hastings, Nebraska

Event: Spring City Road Trip Date of Event: December 5, 2018

Name of minor: _____ Age: _____

Grade & School: _____ T-shirt Size: _____

Address: _____

Minor's Phone #: _____ Parents Phone #: _____

Family physician: _____ Phone: _____

Specific medical or food allergies, chronic illness, or other conditions: _____

Date of last tetanus shot: _____

Other contact in case of emergency:

Name: _____ Phone: _____

TO WHOM IT MAY CONCERN: As a parent and/or guardian, I do herewith authorize treatment under the direction of any licensed physician of the following minor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me by phone at the number listed below.

The undersigned assumes the responsibility for any costs connected with such treatment and hereby releases Hastings Evangelical Free Church from any liability.

This release form is completed and signed of my own free will with the purpose of authorizing medical treatment under emergency circumstances in my absence and releasing Hastings Evangelical Free Church from any liability. This form also gives the minor permission to attend said event with Hastings Evangelical Free Church.

Signature: _____ Relationship to Minor: _____

Father - Mother - Legal Guardian