

# STUDENT MINISTRY RELEASE FORM

CHURCH: Hastings Evangelical Free Church CITY: Hastings STATE: Nebraska

EVENT: \_\_\_\_\_ DATE OF EVENT: \_\_\_\_\_

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Name of minor: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_ School of minor: \_\_\_\_\_

Grade: \_\_\_\_\_

Family physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Specific medical 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 this event with Hastings Evangelical Free Church.

Signed: \_\_\_\_\_

**Father - Mother - Legal Guardian**