

**Annual Medical Consent Form  
June 1st 2017 through August 31st 2018**

**Participant Information:**

Name of Participant \_\_\_\_\_  
 Grade for 2017-2018 School Year \_\_\_\_\_ Name of School \_\_\_\_\_  
 Participant Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Participant Email \_\_\_\_\_

**Emergency Information:**

Parent/Guardian Name(s) \_\_\_\_\_  
 Parent Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Parent Email \_\_\_\_\_

**Alternate Emergency Contact:** \_\_\_\_\_

Relation to Participant \_\_\_\_\_  
 Emergency Contact Cell Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
 Family Doctor: Name \_\_\_\_\_ Phone \_\_\_\_\_

**Insurance Information:**

Participant is covered by a medical insurance policy:    Yes    No    (circle one)  
 Insurance Company Name \_\_\_\_\_  
 Name of Policy Holder \_\_\_\_\_  
 Policy Number/SSN (as applicable) \_\_\_\_\_  
 Authorization Phone Number \_\_\_\_\_  
 Allergies or Special Concern \_\_\_\_\_  
 \_\_\_\_\_

I have read and understand the Faith NextGen Ministry Policies/Best Practices

**Consent for Treatment, Participation and Use of Image**

I, the undersigned parent/guardian do hereby grant permission for my child, \_\_\_\_\_, to attend and participate in all student activities, trips and events in association with Faith Evangelical Free Church whether on private or public property including the property of Faith Evangelical Free Church or any property of its volunteers, employees or representatives as well as any third party organization/business property for the duration of the dates listed above.

In order for my child to receive necessary medical treatment from the medical staff and/or the staff physicians of the hospital and clinics in case of injury or illness, I hereby authorize the event leaders to obtain and consent to medical treatment for my child for such injury or illness when participating in Faith organized student activities, trips, and events. I hereby release and discharge event volunteers, counselors, and staff, Faith Evangelical Free Church and its representatives/employees from any and all debts, judgments or suits of any kind which may arise or be occasioned as a result of the participant's participation in all activities, trips, or events associated with Faith Evangelical Free Church.

I further acknowledge and understand that by participating in student activities, trips, and events there is a possibility of physical illness or injury that I and my child are assuming the risk for such illness or injury by her/his participation. Payment of any medical bills will be paid by me or my insurance company.

We, the parent/guardian, also give Faith Evangelical Free Church and its employees/volunteers permission to use the participants image online or in print for ministry and promotion reasons by Faith Evangelical Free Church and its representatives/employees.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date