

Permission to Participate in Activities at Madison Square Church 2009-2010

Student Information

Name _____ Age _____ Date of Birth _____
Address _____ City/State _____ Zip _____
Student Home # _____ Student Cell # _____
Current Grade: 7 8 9 10 11 12 School Name _____
Student Email: _____ Family Email: _____

Parent/Guardian Contact Information

Parent/Guardian Full Name(s) _____ Parent's Email: _____
Home #: _____ Cell #: _____ Work #: _____
If you can't be reached, call _____ Relationship: _____
Home #: _____ Cell #: _____ Work #: _____

Medical Information

Insurance Carrier _____ Policy Number _____
Ins. Carrier's Phone Number _____ Primary Doctor _____
Primary Doctor's Phone _____ Date of last tetanus shot _____

Medical, emotional or mental issues we should know of (ex: depression, diabetes sleepwalking, etc)?

Allergies to food/environment or special needs we should know about to care for your child?

Current Medications _____

My child can be given basic analgesics (Tylenol, Advil) Yes No

Release From Liability

I give permission for my child _____ to participate in Student Ministries at Madison Square Church. I understand and consent to any field trips that he/she will take in Madison or Wedgwood Christian Services vehicles and agree to ensure their punctual arrival and pickup. I permit Madison Square Church to use video or photographs of my child for church related purposes. I hereby release Madison Square Church, its staff & volunteers, from any liability for injury that my child may sustain during activities or field trips. In case of illness or injury, and in the event I am unable to respond, I authorize Madison volunteers and staff to allow emergency medical treatment or surgery by a licensed physician or hospital.

Parent/Guardian Signature _____

Date _____