

**2009**  
**MELONIE PARK STUDENT MINISTRIES**  
**PERMISSION / HEALTH RELEASE FORM**

THIS FORM CONTAINS THE HEALTH HISTORY AND CURRENT INSURANCE INFORMATION FOR MY CHILD.

NAME OF CHILD \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE (     ) \_\_\_\_\_ PARENT'S WORK PHONE (     ) \_\_\_\_\_

PARENT / LEGAL GUARDIAN'S NAME \_\_\_\_\_

NAME OF NEAREST RELATIVE \_\_\_\_\_ PHONE(     ) \_\_\_\_\_

NAME OF PHYSICIAN \_\_\_\_\_ PHONE(     ) \_\_\_\_\_

INSURANCE CARRIER / POLICY NAME AND NUMBER \_\_\_\_\_

INSURANCE PHONE NUMBER \_\_\_\_\_

ALLERGIES /  
ALERTS \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

## Parent Permission/Release Form

"I, \_\_\_\_\_, the parent/guardian of \_\_\_\_\_ do hereby give my permission for my child to attend and participate in all activities of the Melonie Park Church student ministry for the calendar year **2009**. This permission extends to all activities of the student ministry, including but not limited to Sunday and Wednesday evening activities, youth trips, ski trips, mission trips, sporting activities, water and the Word, concerts, fund-raisers, and transport by adult teachers/sponsors for these activities. In the event that I should prefer that my child **NOT** participate in a given activity, I agree to inform the youth pastor of my wishes in writing prior to the scheduled activity. I may be contacted by phone to authorize emergency medical treatment in the event of an accident or serious injury to my child. Should I be unavailable, I do hereby authorize any sponsor of Melonie Park Church Student Ministries (MPC) to authorize treatment by my proxy. I agree to hold harmless MPC, its staff, and/or sponsors from any and all liability, claims, demands, and causes of action whatsoever which may arise due to the participation of my child.

I realize, also, that in the event of illness or injury while participating in this activity/trip, medical treatment may be required. **I hereby give permission for any such treatment to be rendered, and I agree to bear the costs of such treatment.**

I authorize the placement of this release form in the files of MPC Student Ministries for the calendar year **2009** and I will update this document when any information changes.

Signature \_\_\_\_\_ Date \_\_\_\_\_