

Medical Release

(To be signed in the presence of a Notary Public)

I (parent)_____ release (student)_____ for medical treatment resulting from illness, injury, or accident during activities within the state sponsored by Edgewater Alliance Church Student Ministries during the **2016-2017 school year and summer**, which requires medical attention. I (parent) _____ give permission to Edgewater Alliance Church Student Ministries, its representatives and all attending health care professionals (defined as including, but not limited to registered nurses, licensed practicing nurses, physicians' assistants, doctors and paramedics) to provide medical treatment, hospitalize, anesthetize, or perform surgery on my child as is required. I, the undersigned, do release, acquit, discharge and covenant to hold harmless Edgewater Alliance Church and its representatives from all actions, damages or liabilities arising out of the treatment of any illness, injury, or accident incurred during my students participation in any activity. It is the intention of this release that Edgewater Alliance Church and its representatives incur no liability whatsoever while attempting to meet all my students' medical needs that they may require during the 2016-2017 school year and summer.

Parents Signature

_____ Date: _____

FOR COMPLETION BY A NOTARY PUBLIC

State of _____, County of _____

Sworn to and subscribed to me this _____ day of _____, 201_____.

Notary Public signature: _____

My commission expires: _____

Edgewater Alliance Church Student Ministries
310 North Ridgewood Ave.
Edgewater FL 32132
(386) 427-0385 - Office

Edgewater Alliance Student Ministry Medical Release

Please complete
this form and
sign the release
in the presence
of a Notary
Public.

(EAC Office has a Notary)

This form will be
on file to use for
all the events and
activities during
the 2016-2017
school year &
Summer. If there
are any changes
please let us
know!

If you have any
questions,
please do not
hesitate to call
the office and
ask for:
Cassandra
House OR
Connor
Neigenfind.

STUDENT MEDICAL RELEASE

Name: _____
Date of birth: _____ SSN: _____
Emergency Contact: _____
Relationship: _____ Phone: _____
Church: Edgewater Alliance Church Group Leader: Cassandra House or Connor Neigenfind

INSURANCE INFORMATION

Company: _____ Policy Type: _____
Policy #: _____

MEDICAL INFORMATION

Will you be bringing any prescription medication on the project? Yes No

List medications: _____

Condition(s) requiring medication: _____

Date of last tetanus shot (this must be within ten years): _____

List any physical disabilities or limitations: _____

List of any know allergies and reactions: _____

List any major illnesses in the past year: _____

Have you fainted or passed out? _____ When? _____ Why? _____

Do you have any eating disorders? _____

If yes, have you ever received counseling? _____



Edgewater Alliance Student Ministries