

NEWLIFE CHURCH

MEDICAL RELEASE FORM

Each student and adult must fill out the information below completely.

Student's Name _____

Male Female (circle one) Date of Birth _____ Age _____

Address _____

City/State/Zip _____

Student's Email Address _____

Parent/Guardian Name _____

Home Phone: _____ Work Phone: _____

Emergency Contact _____ Phone _____

MEDICAL INFORMATION

Insurance Carrier _____ Policy Number _____

Name on Insurance Card _____

Physician's Name _____ Phone _____

Comments, Medical Information and Medication _____

I hereby give my permission for myself or my child to participate in an activity organized by NewLife Church MI. I hereby release, hold harmless and absolve NewLife Church MI, their staff, sponsors, vendors and all others who have participated in the planning, organizing, and implementing of the activity, be they individuals or organizations, singly or collectively, from responsibility and liability for any illness, injury, misadventure, harm, loss or inconvenience suffered or sustained as a result of the participation in the activity. I understand that in the event I or my child requires medical treatment while engaged in the activity, reasonable efforts will be made to contact my designated emergency contacts; however, if they cannot be reached, I hereby consent and give my permission to the NewLife Church MI staff or any adult.

Name

Date