

EVERGREEN MINISTRIES

PARENTAL RELEASE, HEALTH FORM, & INSURANCE WAIVER

Student's Name _____ Date of Birth _____

Address _____ Graduation Year _____

City _____ State _____ Zip _____ Student Cell (if applicable) _____

Student Email (if applicable) _____ Grade _____

School Attending _____

T-shirt Size (circle one): Youth S Youth M Youth L Adult S Adult M Adult L

EMERGENCY CONTACT:

Parent/Guardian Name _____ Relationship _____

Address (if different) _____ City _____ State _____ Zip _____

Phone _____ Cell Phone _____ Best way to contact _____

Email _____

ALTERNATE CONTACT:

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your child is under the care of EGM.

Do you have health insurance? ____Yes ____No

Name of Insurance Company _____ Policy Number _____

Group Number _____ Policy Holder _____

Family Doctor _____ City _____ Phone Number _____

HEALTH HISTORY:

Pre-existing or present medical conditions: _____

_____ Sex _____ Height _____ Weight _____

Allergies (include medications) _____

Name and dosage of any medications currently prescribed to your child: _____

PARENTS: Please provide the name(s) of person(s) your child may NOT be released to (if applicable)_____



PARENTAL RELEASE:

I, _____, the parent/guardian of _____ state that my child may attend activities sponsored by EverGreen Ministries (hereafter EGM), both at EGM and off-site. I understand that paid staff and volunteers will adhere to the Abuse Prevention Policy of EGM.

By my signature, I hereby give EGM’s paid staff members, or designated volunteers, permission to seek the necessary medical treatment for my child in my absence. I understand that reasonable effort will be made to contact me first.

By my signature, I release EGM, and/or any of the employees/volunteers from being held responsible for any medical expenses incurred by my child as a result of injury/sickness while under the care of EGM.

By my signature, I appoint EGM’s paid staff and volunteers to act as my child’s personal representative for purposes of HIPAA, and to sign all such documents as are required for such purpose, only as medically necessary in case of an emergency and after reasonable effort has been made to contact me first.

By my signature, I give permission for EGM to use photos/videos of my child in appropriate promotional material.

By my signature, I release EGM’s paid staff and volunteers from all liability claims arising from, or in any way related to, my child’s participation in the program and any of the events or activities conducted on or off the premises, provided that this waiver of liability does not apply to any acts of gross negligence, intentional, or willful misconduct.

Parent/Legal Guardian Signature

Print Name

Date