

**Castine Church of the Brethren  
Student Ministries  
Medical Emergency and Release Form  
2009-2010**

**Medical Emergency Section**

Student's Name: \_\_\_\_\_ M/F: \_\_\_\_\_

Address: \_\_\_\_\_ Soc. Security: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Employed by: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

If not available, call: \_\_\_\_\_ Phone: \_\_\_\_\_

I (we) understand that, in the event medical treatment is required, every effort will be made to contact me (us). However, if I cannot be reached, I give my permission to the leadership or sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia or emergency surgery, for my child's well-being. I also understand it is my responsibility to keep this information current and up to date regarding any changes.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Does your teen have an allergic reaction to penicillin? \_\_\_\_\_ To bee stings, bites, etc.? \_\_\_\_\_

To other medicines? \_\_\_\_\_ If Yes, which ones \_\_\_\_\_

List any other medical information you feel we should have concerning your teen

\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Name of Insurance Carrier: \_\_\_\_\_

Insurance ID #: \_\_\_\_\_ Name of Insured \_\_\_\_\_

**Release Section**

I (we), \_\_\_\_\_, the parents of

\_\_\_\_\_, acknowledge that the student will be participating in Student Ministries sponsored by Castine Church of the Brethren Student Ministries during the 2009-2010 ministry year. We release the church from all actions, claims, and demands against the church or its representatives by reason of our student's participation in the Student Ministry activities, including the travel to and from the activities. Also, I understand that possession or use of alcohol, drugs, or tobacco by my child is not allowed while involved in the ministry activities and will result in serious consequences, including the possibility of a trip home at my expense for serious or repeated offenses.

(A copy of this completed form is considered legal and valid)

dated 7/30/09