

STUDENT LIFE MEDICAL RELEASE GRADES 6-12



Name: _____

Address: _____

Phone #: _____

Medical Insurance Co: _____ Policy & Group: _____

Person to notify in emergency: _____

Home/Cell: _____ Work: _____

Alt. Person to notify: _____

Home/Cell: _____ Work: _____

Current Medication: _____

IF YES, PLEASE COMPLETE THE MEDICATION FORM.

Allergies: _____

Contact Lenses: Y / N

I, who by law may do so, authorize the administration of emergency medical treatment to he/ she who is subject of this form. I understand all reasonable safety precautions will be taken at all times by Christian Life Center or its agents. I will not hold Christian Life Center liable for any accident, injury or disease incurred to/by the subject of this form. I understand that in the event that medical intervention is needed, every attempt will be made to contact the person(s) listed above immediately. I will hold Christian Life Center or its agents harmless due to imprudent behavior from my teen. Furthermore, I will hold Christian Life Center harmless for any accident occurring by any means of transportation (e.g. plane, train, boat, automobile). This form will be effective for the duration of the time spent in the Christian Life Center youth program by the subject of this form.

Comments or medical information:

Photo Release: *I hereby authorize Christian Life Center of Freeland, hereafter referred to as "Company," to publish photographs taken of myself and/or the minor child listed on this form, and our names and likenesses, for use in Christian Life Center's print, online, social media and video-based marketing materials, as well as other Company publications. I hereby release and hold harmless Christian Life Center from any reasonable expectation of privacy or confidentiality for myself and for the minor child listed on this form associated with the images specified above. Further, I attest that I am the parent or legal guardian of the child listed and that I have full authority to consent and authorize Christian Life Center to use their likenesses and names. I further acknowledge that participation is voluntary and that neither I, the minor child, will receive financial compensation of any type associated with the taking or publication of these photographs or participation in company marketing materials or other Company publications. I acknowledge and agree that publication of said photos confers no rights of ownership or royalties whatsoever. I hereby release Christian Life Center, its contractors, its employees and any third parties involved in the creation or publication of Company publications, from liability for any claims by me or any third party in connection with my participation or the participation of the minor children listed on this form.* **Agree** **Disagree**

Parents Signature: _____

Date: _____

STUDENT LIFE - HEALTH CARD

<p>STUDENT Full Name:</p> <p>Birth Date:</p> <p>Parent/ Guardian:</p> <p>Contact Number: (home and cell)</p> <p>Medical Information (Insurance):</p> <p>Immunizations Up to Date: Y / N</p> <p>Tetanus Up to Date: Y / N</p>	<p>Allergies:</p> <p>Explain Reaction(s):</p> <p>Medication(s): Y / N Epi Pen: Y / N</p> <p>Other Health Concerns:</p>
---	--

Medication:	Indicate the Time(s) of Administration with an X:	Reason for Medication/ Comments:	SUN	MON	TUE	WED	THU	FRI	SAT
	Breakfast								
	Lunch								
	Dinner								
Dosage:	Bedtime								
	Only as Needed								
	Other:								

Medication:	Indicate the Time(s) of Administration with an X:	Reason for Medication/ Comments:	SUN	MON	TUE	WED	THU	FRI	SAT
	Breakfast								
	Lunch								
	Dinner								
Dosage:	Bedtime								
	Only as Needed								
	Other:								