

# Student Ministries Medical Release Form

Student's Last Name:

This waiver covers all Nexus activities/participation for your student and will be kept on file.

## Student Information

Name: \_\_\_\_\_ Gender: M F DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School year: 20 \_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home #: \_\_\_\_\_  
Email: \_\_\_\_\_ Cell #: \_\_\_\_\_ School: \_\_\_\_\_

## Parent/Guardian Information

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Home #: \_\_\_\_\_  
Cell Provider: \_\_\_\_\_ Cell Provider: \_\_\_\_\_  
Email: \_\_\_\_\_ Email: \_\_\_\_\_

## Medical Information for Student

Doctor's Name: \_\_\_\_\_ Doctor's Phone: \_\_\_\_\_

Are you currently taking medication or having treatment? *(Please circle)* Yes No

If yes, list and explain: \_\_\_\_\_

Are you restricted from sports or swimming for any reason? *(Please circle)* Yes No

If yes, explain: \_\_\_\_\_

Date of last Tetanus Toxoid Immunization: Month \_\_\_\_\_ Year \_\_\_\_\_

Have you ever had a severe reaction to a bee/hornet sting or insect bite? *(Please circle)* Yes No

If yes, explain: \_\_\_\_\_

Do you have: *(Please check)*

- Seasonal Allergies     Epilepsy  
 Heart Disease     Asthma  
 Diabetes

List any Allergies *(If allergic reactions occur, how do you treat it?)*

Food: \_\_\_\_\_  
Drugs: \_\_\_\_\_  
\_\_\_\_\_

Do you have other medical needs? \_\_\_\_\_

## Insurance Information

Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

If parent cannot be reached, please notify: \_\_\_\_\_ Relationship to student: \_\_\_\_\_

Phone: \_\_\_\_\_ or \_\_\_\_\_

I give my authority and consent to Evangelical Free Church of Crystal Lake's sponsors/leadership to seek a doctor or qualified person to provide emergency medical treatment to the above named student/sponsor in the event he/she is ill or injured while participating or traveling on an EFCL sponsored event/activity. I, undersigned parent/guardian of the above mentioned child who is a minor, do release, acquit, discharge and covenant to hold harmless its sponsors and representatives from any and all actions, causes of actions, damages, and/or liabilities arising from the medical treatment of any sickness or injuries from an accident incurred by my said child during this activity.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_