



**Medical Release Form & Permission Slip
for Fall 2017 through Summer 2018**

The Christian Church at Cogan Station
5904 Lycoming Creek Rd., Cogan Station, PA. 17728
(570) 998-2989

Student's Full Name _____ Birthdate _____
Home Phone Number _____ School & Grade _____
Mother's Full Name _____ Father's Full Name _____
Mother's E-mail _____ Father's E-mail _____

MEDICAL INFORMATION CONTACT INFORMATION

Has this Student ever had: YES NO
Heart Disease _____ Home Phone _____
Asthma _____ Mother's cell _____
Ear Infections _____ Father's cell _____
Bee Sting Allergy _____ Youth cell _____
Penicillin Allergy _____ Youth e-mail _____
Other Allergies _____ Emergency Numbers:
List Them: _____ Name #1 _____
Tetanus Shot _____ Number _____
Date of last booster shot: _____ Name # 2 _____
List Medications being taken: _____ Number _____

In case of an emergency, I hereby give permission for my child _____ (full name) to be treated by a qualified physician, to receive emergency treatment from a hospital, (selected by any of the adult sponsors from The Christian Church at Cogan Station accompanying this activity), including by not limited to emergency surgery, medical or dental treatment, and we assume the responsibility of all medical bills, if any.

Today's Date Mother, Father, or Legal Guardian's Signature

Insurance Info is needed in case of emergencies and WILL NOT be revealed to any persons except for Taylor, medical personnel, or adult leader.

Insurance Company: _____ I.D. or Policy Number _____
Youth Social Security #: _____

In consideration of my child being allowed to participate in activities sponsored by The Christian Church at Cogan Station, I (we), do for myself (ourselves) and for and on behalf of my child-participant, do hereby release, forever discharge and agree to hold harmless The Christian Church at Cogan Station and its employees, officers, directors, trustees, members, agents, elders, staff, trip sponsors, vehicle owners, and vehicle drivers from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in an activity sponsored by The Christian Church at Cogan Station. We understand that many of the activities will be physical in nature, will include travel and I (we), and on behalf of my (our) child-participant, hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in all activities involved therein. I (we) further hereby agree to hold harmless and indemnify said church, its elders, employees, officers, trustees, directors, members, staff, and agents, (including trip sponsors and vehicle owners) for any liability sustained by said church as the result of the negligent willful or intentional acts of said child-participant, including expenses incurred attendant thereto.

Today's Date Mother, Father or Legal Guardian's Signature

Home Address, City & Zip: _____