

The Altar Fellowship/The Altar Students 2025

Permission/Medical Release Form

Effective Dates: Jan. 1st, 2025 - Dec. 31st, 2025

STUDENT INFORMATION

Name _____ Grade _____ DOB _____

Male/Female _____ School: _____

Primary Address: _____

Student Cell Phone _____

PARENT/ GUARDIAN INFORMATION

Name(s) _____

Email(s) _____

List all phone numbers where the parent/guardian can be reached (type: i.e. home, cell)

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

Name _____ # _____ Type? _____

EMERGENCY CONTACT

Name _____ # _____ Relation? _____

Name _____ # _____ Relation? _____

PARENTAL CONSENT

The undersigned does hereby give permission for my child _____ (child's name)("Participant"), to attend and participate in any of The Altar Fellowship's student ministry activities, events, retreats and childcare during the period of 2025

LIABILITY RELEASE: In consideration of The Altar Fellowship allowing the Participant to participate in student ministry (Activities, Events, Retreats, Lock-Ins, Trips), I, the undersigned, do hereby release, forever discharge and agree to hold harmless the church, its pastors, directors, employees, volunteers and teachers (collectively herein the "church") from any and all liability, claims or demands for accidental 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 Participant while involved in the student activities. I, the parent or legal guardian of this participant, hereby grant my permission for the participant to participate fully in student ministry activities, including trips away from the

church premises. Furthermore, I, on behalf of my minor participant, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein. The undersigned further hereby agrees to hold harmless and indemnify said church for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.

MEDICAL TREATMENT PERMISSION: I authorize an adult, in whose care the minor has been entrusted, to consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or student pursuant to this authorization.

EARLY RETURN HOME POLICY: Should it be necessary for my student to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

TRANSPORTATION PERMISSION: The undersigned does also hereby give permission for my student to ride in any vehicle driven by an approved and licensed ADULT chaperone while attending and participating in activities sponsored by The Altar Students. My student and I understand that *SEAT BELTS MUST BE WORN AT ALL TIMES* during transportation.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable alternative dispute resolution process. If the participant (or parent/guardian) and the activity sponsor cannot agree upon such a process, the dispute will be submitted to a three-member arbitration panel for resolution in accordance with the rules of the American Arbitration Association.

Name of student participant

Signature of student participant

_____ **Date** _____

Name of parent/guardian

Signature of parent/guardian

_____ **Date** _____

MEDICAL INFORMATION

STUDENT INFORMATION (Please Print)

Student Full Name _____

Home Address _____

Home Phone _____ DOB _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name(s): _____

List all parent/guardian contact phone numbers in best order to be reached:

NON-PARENT/GUARDIAN EMERGENCY CONTACTS

Name: _____

Relation: _____

Phone(s): _____

PRIMARY CARE PHYSICIAN

Name: _____

Phone(s) _____ Fax: _____

Name of practice: _____

INSURANCE INFORMATION

Medical Insurance Company: _____

Phone: _____

Policy/Group ID#: _____

Policy Holder's Name (please print): _____

Required: Attach a copy of medical insurance card here.

MEDICATION: List all medications the student will take during any student ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give ALL MEDICATIONS to the adult leader in their original containers with complete dispensing instructions before the start of the event. Students are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do. Medication Name Dose Treatment for Dispensing instructions Example: Zyrtec 5mg - Seasonal allergies - Take one pill daily in the morning with food

Over-the-Counter Medication Permission: Do you give permission for your child/student to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (i.e. Tylenol, Advil, antacids, Benadryl) while at a student ministry event?

- No. Contact me or get medical help if my child has any minor medical concerns.
- Yes. I give permission for an adult leader to give my child approved over-the-counter medications as directed on an as needed basis to treat non-emergency medical conditions.

Parent Signature _____

MEDICAL CONDITIONS: Please answer in detail if applicable or write N/A. Attach additional pages if necessary.

1. List any medical conditions you have (asthma, diabetes, epilepsy, etc.):
2. List any allergies (drug/medicine, food, and/or environmental) and the severity and type of reaction:
3. Please explain any other pertinent information about the participant (i.e. physical, behavioral, or emotional)

The Altar Fellowship Photo Release Form for Student Ministry

I agree that The Altar Fellowship may photograph and record my child/dependent's likeness and activities during church-related activities. I grant the following rights to The Altar Fellowship: permission to use and re-use, publish and re-publish, and modify or alter the image(s) taken during the shoot. Use of the images for editorial, commercial, trade, advertising, and any other purpose may be done in any medium now existing or subsequently developed, on the church website and on the Internet, and worldwide in perpetuity for the purposes stated above.

I waive my right to inspect or approve any editorial text or copy that is used in connection with the images and release and discharge The Altar Fellowship from any and all claims arising out of use of the Images for the purposes described above, including any claims for libel, invasion of privacy, or other tortious act.

I have read the foregoing. I fully understand its contents, understand that this agreement does not expire, and confirm my agreement by signing below. I am over the age of 18 and have legal capacity to sign the release.

Student's Name (print)	Parent/Guardian Name (print)
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Parent/Guardian Signature	Date
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Street Address City, State, Zip

Parent/Guardian	Email	Phone
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