

North Hills Church | ALIVE Student Ministry

Medical Release Form - Minor

4952 Edwards Road • Taylors, SC 29687 • (864) 609-5321 office • www.northhillschurch.com

I understand that in the event of an emergency due to sickness or accident while involved with the activity of North Hills Church, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached, I hereby consent and give my permission to the physician selected by the person in charge to secure any necessary medical and/or surgical treatment for my child. I also understand my signature below indicates that this form is valid for any and all activities my child is involved in with North Hills Church for up to one year from the submission date and that if any of the information I provided changes I will contact the church. I understand that my insurance coverage will be used as primary coverage in the event medical intervention is needed and that I will be responsible for all remaining co-pays and /or percentages not covered by my insurance.

I understand all reasonable safety precautions will be taken at all times by North Hills Church and its agents during its events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold North Hills Church, its pastors, leaders, employees, or volunteer staff liable for damages, losses, diseases, or injuries incurred by my child.

Parent/Guardian Signature

Date

Student Information

Name

Last Name

First Name

Middle Initial

Gender: ☐ M ☐ F

Street Address

Date of Birth _____

City/State/Zip

Emergency Contact Information: _____

Name

(Relationship)

Phone #

Emergency Contact Information: _____

Name

(Relationship)

Phone #

Family Physician _____ **Office ()** _____

Insurance Company _____ **Group #** _____

Name of Policy Holder _____ **Policy #** _____

Student Medical Details

List all allergies and specific reactions: _____

List any conditions requiring restrictions from activities or other considerations. Please give full details and include any serious injuries or surgeries: _____

Date of last tetanus shot or booster: _____

Medications

The student will be responsible for their own medications. Do NOT share your medication with others. Do NOT bring extra medicine. Only bring the number of pills that need to be taken.

Does your student need a reminder to take their medication? (Y/N) _____

Name of Medica-on	Dosage	Dates & Times to be Administered

Over-the-counter Medications

Please check beside any medications you authorize to be administered to your student:

- ☐ Acetaminophen (Tylenol®) - for headaches or minor aches and pains
- ☐ Calcium Carbonate (Tums®) - for minor stomach upset or discomfort
- ☐ Diphenhydramine (Benadryl®) - for relief of mild allergy symptoms
- ☐ Ibuprofen (Advil®) - for relief of minor aches and pains/inflammation