



KING OF KINGS

STUDENT MINISTRIES

MIDDLE SCHOOL MINISTRY HIGH SCHOOL MINISTRY

Medical and Liability Release Form

Valid for all activities 2024-2025

STUDENT NAME _____ STUDENT PHONE _____
ADDRESS _____ CITY _____ ZIP _____
BIRTHDAY ____/____/____ AGE _____ GRADE FOR 24/25 _____ SCHOOL _____
(VISITORS ONLY)FRIEND OF _____

HEALTH HISTORY AND INFORMATION:

Allergies: Insect Stings Drugs Hay Fever Other Allergies _____

Other Conditions: Heart Condition Chronic Asthma Epilepsy Diabetes Other _____

If you checked any of the above, please give details on the back of this sheet (i.e. include normal treatment of allergic reactions, etc.)

Name and dosage of any medications that must be taken: _____

Permission to administer OTC medication (i.e. Tylenol, Advil, Pepto-Bismol, Dramamine, etc.) as needed: **NO YES**

Any swimming or activity restrictions: **NO YES** (If "yes", explain) _____

DOCTOR _____ CITY _____ PHONE (____) _____

HEALTH INSURANCE

Do you have health insurance? **NO / YES** (if "no" skip this section)

Insurance Company Name: _____ Insurance Company Phone: (____) _____

Policy Number: _____ Name of Insured (usually head of household) _____

Place of Employment: _____ Employment Phone: (____) _____

MEDICAL RELEASE

"In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for the minor listed on this form as deemed necessary."

PHOTO AND INFORMATION RELEASE

"I hereby give permission for the use of pictures or video/audio recordings of the minor listed on this form for the purposes of promoting and reporting KOKLC events, including on KOKLC websites, without compensation to me or the minor. I agree all pictures and recordings remain KOKLC property. I release KOKLC from any liability arising out of the use of such pictures or recordings. I also give permission for use of pictures and names to be displayed on the private/password protected Youth Group websites. I understand KOKLC cannot control an individual's use of his or her password."

LIABILITY RELEASE Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. Knowing this..."I agree to assume and accept all risks and hazards inherent in church-related social activities including off-site events. I also agree not to hold this church or its employees or volunteer assistants liable for damages, losses, or injuries. I understand that I am signing for the minor listed on this form and in my own capacity as parent or legal guardian and the signature is for medical, liability and photo/information release."

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ Date ____/____/____

Emergency Contacts: 1) _____ 2) _____

Relationship to minor: _____

Phone Number: _____