



**Adventure Teen Ministries (Adventure Church)
Student Release Form**

Mandatory for travel or overnight events with ATM

STUDENT INFORMATION:

Legal Name (First, M.I., Last) _____
Date of Birth: ____ / ____ / ____ Current Grade: _____ Male or Female _____
Address _____
City _____ Zip _____ Phone _____

PARENT/GUARDIAN & EMERGENCY CONTACT INFORMATION:

Primary Contact

Name _____ Relationship _____
Cell Phone _____ Other Number _____
Email Address _____

Secondary Contact

Name _____ Relationship _____
Cell Phone _____ Other Number _____
Email Address _____

PERMISSIONS AND RELEASES:

By signing this document, the participant (and parent/guardian if the participant is a minor) acknowledges that _____ has permission to travel with Adventure Church of Siren, Wisconsin and attend _____ on _____, 20__.

All drivers with Adventure Church will be licensed and posses a good driving record.

I/We the undersigned have legal custody of the student above, a minor, and have given our consent for him/her to attend events organized by Adventure Church. I/We understand that there are inherent risks involved in any ministry, and I/We hereby release Adventure Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to the person for property that may occur during my/our child's involvement.

_____ Parent/Guardian Initials

This consent form gives permission to seek medical attention as deemed necessary in the unlikely event that he/she is injured and requires the attention of a medical provider. I/We consent to any reasonable medical treatment as deemed necessary by a licensed provider. In such an event where treatment is required, from a provider and/or hospital personnel designated by Adventure Church, I/We agree to hold such person(s) free and harmless of any claims, demands, or suits for damage arising from the giving of such consent.

_____ Parent/Guardian Initials

I/We also give permission to Adventure Church to photograph and/or videotape my child for the promotional purposes of Adventure Teen Ministries and/or Advenutre Church (including but not limited to print and online media formats.) I/We understand that Adventure Church will not release personal details about my student in these promotions.

_____ Parent/Guardian Initials



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MEDICAL INFORMATION: *In the unlikely event that we must transport your child to the hospital, we need all medical information possible. We will keep these on file in the church office. You will be responsible to notify us if your insurance information changes.*

Family Physician _____ Phone Number _____

Insurance Company _____ Policy/Group Number _____

Date of Last Tetanus Shot: _____

Food, Drug or Other Allergies (Please Name):

Past Medical History (Check any that apply): ___ Asthma ___ Sinusitis ___ Bronchitis ___ Depression
___ Kidney Trouble ___ Hay Fever ___ Heart Trouble ___ Diabetes ___ Dizziness ___ Upset Stomach

Other medical history we should be aware of:

Any current medications: (list)

Special Diet:

Parents or Guardians, please initial on the line by each medication below that you give permission for us to dispense to your child (upon request) from our emergency supply box. For any medications you initial, you will not have to send a supply of that medication.

_____ Ibuprofen (Advil or Motrin) _____ Acetaminophen (Tylenol) _____ Allergy (Claritin, Benadryl)

SIGNATURE

By signing below, I/We are agreeing that the information provided on this Adventure Teen Ministries Release Form is correct and true to the best of my knowledge.

Student's Name (Print)

Parent / Guardian Name (Print)

Parent / Guardian Signature _____ Date: _____