



**Trips, Retreat, and Activity Agreement
Medical Release Agreement
2009-2010**

This form is valid for **ALL** Community Church of Joy Trips, Retreats, and Activities during the school year beginning **August 1, 2009** and ending **July 31, 2010**. This agreement must be completed in full and signed by the parent or guardian of the student before a student can participate in any of the above referenced activities.

Youth's Name _____ Home Telephone _____

Address _____ City _____ State _____ Zip _____

Social Security Number _____ Date of Birth _____

Grade _____ Parent's Cell _____ Parent's Email _____

MEDICAL INFORMATION

*Allergies to medicines/other allergies: _____

*Medication Being Taken (drug interaction effects): _____

*Medical History (past surgeries, current medical condition, etc.) _____

Permission to give student over-the-counter medicine, i.e. Tylenol, Dramamine, etc. yes no

Date of Last Tetanus Booster _____

Doctor Name & Phone # _____

Name & Occupation of Insured Party _____

Parent's Names _____

Parent/Guardian Initials: _____

Policy # _____ Group # _____

(Attach a copy of insurance card front and back.)

Please use the back of this form to provide any pertinent details about medications or medical history; this would be important in the event of an emergency room visit.

Emergency Numbers: Parent (Cell) _____ (Work) _____

Parent (Cell) _____ (Work) _____

Other: Name/Relationship _____ Phone _____

I understand that participation in the above referenced activities involves risks and may result in various types of injury including, but not limited to the following: sickness, bodily injury, death, emotional injury, and/or property damage or financial damage. In consideration for the opportunity to participate in the above referenced activities I acknowledge and accept the risks of injury associated with participation in and transportation to and from these activities. I accept personal financial responsibility for any injury or other loss sustained during the activity or during transportation to or from activity, as well as any medical treatment rendered. I give my permission for the above named student to participate in Community Church of Joy and the Bridge Student Ministries trips, retreats, and activities for the school year of 2009-2010.

Furthermore, I hereby release and promise to indemnify, defend, and hold harmless the Bridge Student Ministries, Community Church of Joy, its affiliates, pastors, staff, volunteers, and sponsors for any liability for any illness or injury that my child may sustain during the activities, including transportation to and from said activity. In the event of an emergency, I hereby authorize an adult leader of this activity, as agent for me, to consent to an x-ray examination; medical, dental or surgical diagnosis; treatment and hospital care advised and supervised by a doctor, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are to be rendered, either at the doctor's office or in the hospital. I expect to be contacted as soon as possible if an emergency occurs.

Additionally, I also give my permission for my child's image to be used in any Community Church of Joy publications, promotional materials, JOY website and/or slide shows. I also understand that if my child so chooses to partake in any inappropriate behavior I am responsible for all costs and/or decisions to remove him/her from the event.

Signature of Parent/Guardian Date

Parent/Guardian Initials: _____