

**ALEXANDERWOHL MENNONITE CHURCH
YOUTH MEDICAL AND LIABILITY RELEASE FORM
September 2020 – August 2021**

Name _____		Date of Birth _____	
Address _____		City _____	Zip _____ Phone _____
Email _____		Cell Phone _____	
Parent / Guardian Information: Father _____		Mother _____	
Father's Address (if different from above) _____			
Mother's Address (if different from above) _____			
Father's Phone _____		Mother's Phone _____	
Father's Cell Phone _____		Mother's Cell Phone _____	
Parents / Guardians Employed By:			
Father's Employer _____		Mother's Employer _____	
Father's Work Phone _____		Mother's Work Phone _____	
Emergency Contacts (Name & Phone) _____			
Hospital Insurance <input type="checkbox"/> Yes <input type="checkbox"/> No		Insurance Company _____	
Policy Number _____		Physician _____	
Physician's Phone _____		Hospital Preference _____	

MEDICAL INFORMATION		
Are you currently taking medication or treatment?	YES	NO
If yes, explain _____		
Allergies:	Health History:	
<input type="checkbox"/> drugs	<input type="checkbox"/> diabetes	<input type="checkbox"/> emotional handicap
<input type="checkbox"/> asthma	<input type="checkbox"/> cardiac	<input type="checkbox"/> mental handicap
<input type="checkbox"/> hay fever	<input type="checkbox"/> seizure disorder	<input type="checkbox"/> nervous disorder
<input type="checkbox"/> insect bites	<input type="checkbox"/> epilepsy	<input type="checkbox"/> other
<input type="checkbox"/> food	<input type="checkbox"/> physical handicap	
<input type="checkbox"/> other		
If you have checked any of the above, please give details _____		

Date of Last Tetanus Shot _____		
Activity Restrictions _____		

PARENTAL CONSENT FORM

My son / daughter, _____, may take part in any church sponsored event / activity under appropriate supervision of a representative of Alexanderwohl Mennonite Church.

The undersigned gives permission for their son / daughter to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Alexanderwohl Mennonite Church.

Signature of parent / guardian

Date

RELEASE AND WAIVER OF LIABILITY

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Alexanderwohl Mennonite Church and its staff of any liability against personal losses of named child.

I / We the undersigned have legal custody of the student named above, a minor, and have given our consent for him / her to attend events being organized by the Alexanderwohl Mennonite Church. I / We understand that there are inherent risks involved in any ministry or athletic event, and I / we hereby release the Alexanderwohl Mennonite Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my / our child's involvement whether or not such parties are negligent. In the event that he / she is injured and requires the attention of a doctor, I / we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and / or hospital personnel designated by the Alexanderwohl Mennonite Church, I / we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I / We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I / we affirm that the health insurance information provided above is accurate at this date and will, to the best of my / our knowledge, still be in force for the student named above. I / we also agree to bring my / our child home at my / our own expense should they become ill or if deemed necessary due to disciplinary action or other reasons.

I understand that in the event medical treatment is needed, every attempt will be made to contact immediately the persons listed on this form.

Parent / guardian signature _____ Date _____

COVENANT FOR ALL 6TH THRU 12TH GRADERS ATTENDING YOUTH MINISTRY EVENTS / ACTIVITIES

Alexanderwohl Mennonite is a Christian community of believers. As a participant in this youth group, I recognize that I am joining this community.

As a member of the Alexanderwohl Mennonite youth group I will

- *Participate fully in the events / activities that I attend.
- *Be responsible for my own behavior and respect others in the group.
- *Care for and respect the property of others, the church and other places we go.
- *Be respectful of the adult leaders and their decisions.
- *Not bring or use illegal substances such as tobacco, drugs or alcohol.

I have read and understand the rules of conduct for participants and will abide by them as well as the directions of the leadership of the trip. I understand that if I break the covenant, my parents will be notified and I may be sent home at my parent's expense.

Signature of Student

Date