

ICC STUDENT MINISTRIES
LIABILITY & MEDICAL WAIVER



Student's Name _____
Grade ____ Gender M / F Date of Birth ____ / ____ / ____
Address _____
City _____ Zip _____ Student Cell Number _____

Emergency Contact:

Parent / Guardian: _____ Relationship _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____

Health Information

Insurance Company _____
Policy # _____ Group # _____
Family Doctor _____

List any pre-existing or present medical conditions, including allergies to be aware of:

Name and dosage of medications that must be taken:

Please initial by each medication you give us permission to dispense to your child (upon request)

_____ Ibuprofen _____ Acetaminophen _____ Allergy (Claritin, Benadryl)

Emergency Authorization & Liability Waiver

1. I give my permission for my child to be with the Indianola Community Church (ICC) from 9/1/2017 through 8/31/2018.
2. I authorize the leaders to seek medical attention for my child if necessary.
3. I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the event, I hereby give my permission to the physician or dentist selected by the leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed.
4. I release ICC, its pastors, employees and volunteers from any and all liability for any injury, loss or damage to my child and their property during their involvement with ICC.
5. I give permission to ICC to photograph and/or video tape my child for promotional purposes in print or online media formats.

Signature of Parent / Guardian

Date