

2023* Annual ASM Medical Release & Student Protection Policy

Antioch Church

Student Name: _____ Birthdate: _____

Parent Name: _____

Address: _____

City _____ State _____ Zip _____

Parent email address: _____

Parent cell:(father) _____ (mother) _____

Emergency contact in case we cannot reach you: _____

Relationship to student: _____ Phone: _____

Student's Physician: _____ Phone: _____

Medical allergies, medication, or other important medical information:

Do we have permission to use your child's photo on our website, social medias and for our publications? Y / N

Permission Form

In case of injury & I am unable to be contacted after a reasonable attempt has been made, the youth leaders of Antioch Church are hereby authorized to act on my behalf should my student need medical attention.

Parent/Guardian Signature: _____

Date: _____

Insurance Company & Policy Number:

Consent and Release from Liability

My child, _____, has my permission to participate in all youth activities sponsored by Antioch Church. These activities may include, but are not limited to: Bible studies, overnight retreats, mission trips, service projects, small groups, youth group meetings, meetings over meals (ie. Bible and Breakfast, Dinner and Devotions), cookouts, sports and games, camping, swimming, beach trips, student conferences (ie. Camp Cedar Crest), Six Flags, and more.

In consideration of the benefits to be derived from these activities, I release, discharge and hold harmless Antioch Church, their employees or those supervising the event from any and all claims arising from my child's participation in this activity, or as a result of injury or illness of my child during this activity. I understand that adequate precaution will be taken for the safety and supervision of my child at all times.

Parent/guardian signature: _____

Date: _____

*This form only needs to be filled out once per calendar year.