



552 W Troxell Rd
Oak Harbor, WA 98277
www.bridgechristianfellowship.org

Student Ministries Medical Release/Consent Form

(Full name of minor) _____ has my permission to participate in all regular student ministry activities sanctioned by The Bridge Christian Fellowship and its officers.

- ~ I understand that I am responsible for arranging my child's transportation to and from the meeting place (552 W Troxell Road or other as prescribed) unless otherwise specified.
- ~ I understand that all events will be under the supervision and direction of adult leaders and sponsors approved by The Bridge Christian Fellowship and/or its appointed officers.
- ~ I hereby waive any claim against, and agree to hold harmless, The Bridge Christian Fellowship and its officers and appointed leaders in the unlikely event of a medical emergency resulting from accident, injury, illness, or other.
- ~ I further agree to hold said parties harmless in the unlikely event that above named minor suffers permanent physical disability or, possibly death.
- ~ In the event of a medical emergency, I/we the parent(s) or legal guardian(s) hereby authorize and consent to any x-ray examination, anesthetic introduction, medical and/or surgical diagnosis or treatment, and the hospital care deemed advisable by, and rendered under the general or special supervisory care of, any licensed medical professional personnel on the staff of any licensed hospital or emergency treatment facility. This authorization is given in advance of any specific diagnosis, treatment, or care required, and is given to provide authority and power to render care which is deemed advisable under the best judgment of the physician or medical personnel available.
- ~ I understand that this release/consent will apply to all emergency situations present and future, and that a copy of this form is as valid as the original.
- ~ **This release/consent will remain in effect for a period of one (1) year from the date of signing, or until written revocation is made and filed with the office of Student Ministries, The Bridge Christian Fellowship, for this one (1) year period.**
- ~ A copy of this release/consent is to accompany the leadership of said office on authorized and sanctioned outings of The Bridge Christian Fellowship, augmented by the even specific permission slip.

Printed Name (parent / legal guardian): _____

Signature (parent / legal guardian): _____ Date: _____



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Student Ministries -- Family Information Form

Student Information:

Name: _____

Address: _____

City/State/Zip: _____ Email: _____

Phone (home): _____ Phone (cell): _____

Birthdate: ____ / ____ / ____ Date of Last Tetanus: ____ / ____ / ____

Insurance Company: _____ Phone for Insurance: _____

Name of Policy Holder: _____ Policy #: _____

Medical Information: *(This information will be kept confidential)*

Student's Physician: _____ Phone: _____

Clinic Name/Location: _____

Student's Dentist: _____ Phone: _____

Clinic Name/Location: _____

Drug or Food Allergies: _____

List any medications (prescription / non-prescription; include dosages): _____

List any surgeries in the last 2 years: _____

List any other special needs / conditions: _____

Emergency Contact Information:

Contact #1 Name: _____ Relationship to Student: _____

Phone (Home): _____ Phone (Cell): _____

Contact #2 Name: _____ Relationship to Student: _____

Phone (Home): _____ Phone (Cell): _____

I attest to the accuracy of the above information:

Signature (parent / legal guardian): _____ Date: _____