

Stroh Church of Christ (Student Ministries)  
4540 S 1100 W  
Hudson, IN 46747

## **Consent & Release Form**

For ALL Youth Group Activities

This form will serve as a "blanket" consent and release form for any and all youth activities and trips that your youth may participate in with Stroh Church of Christ. If you have more than one student, please fill out a separate form for each student.

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(Please Print)

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Street/Road Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Please provide work, or other numbers as alternative/emergency contact numbers:

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I have spoken to my student (named above), and he/she understands that there will be rules of conduct and other guidelines established and communicated for each activity or trip. My student and I both understand that in the more extreme cases his/her refusal to comply with these rules and guidelines could result in him/her being returned home early at my expense.

In the event of injury, I hereby give permission to church staff and/or volunteer youth leaders to hospitalize, secure treatment for and to order anesthesia or surgery for my student. I understand, however that, if possible, every effort will be made to contact me in case of such an emergency before any such treatment is administered.

I hereby release Stroh Church of Christ, its staff and volunteer leaders from any responsibility other than normal supervision and care. In case of accident or injury, I will not hold Stroh Church of Christ, its staff, officers, or volunteers liable.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**(Fill out Medical & Health information on Back)**

## Medical & Health Insurance Information

Name of Student \_\_\_\_\_

Please list any over-the-counter medications that you DO NOT want your student to be given.

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Please list any Prescription/Non-prescription Drugs or Medications your student is currently taking:

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Please list any Allergies or Special Health/Behavioral/Physical Considerations or Limitations that your Youth Minister or adult youth leaders should be knowledgeable of:

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Family Doctor's Name \_\_\_\_\_ Dr.'s Phone # \_\_\_\_\_

Health Insurance Company \_\_\_\_\_

Health Insurance Policy # \_\_\_\_\_