

# POST ROAD CHRISTIAN CHURCH

## STUDENT MINISTRY RELEASE FORM

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone ( \_\_\_\_\_ ) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Gender:    Male    Female  
*(circle one)*

School \_\_\_\_\_ Grade \_\_\_\_\_

Parent(s) Name(s): \_\_\_\_\_

Other Contact for Parent(s):

Work phone \_\_\_\_\_

Cell phone \_\_\_\_\_

Other \_\_\_\_\_

Is there any additional information about the student that the Student Ministry Leaders need to be aware of:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

As the parent/legal guardian of the minor named, I give my permission for him/her to participate in any and all activities, events, and programs of the Student Ministry of Post Road Christian Church (PRCC). I understand the inherent risks that are involved in these activities and hereby release PRCC, its staff, employees, and volunteers from any responsibility and/or liability for any injury or illness sustained during, or as a result of, these activities, events, and/or programs.

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Date*

**IN CASE OF AN EMERGENCY,** I hereby authorize a PRCC Student Ministry Leader of the activity, event, and/or program, as an agent for me, to consent to any x-ray examination; medical, dental, or surgical diagnosis or treatment; and/or hospital care, which is advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where services are rendered, either at a doctor's office or a hospital. I expect to be contacted as soon as possible and before hospitalization or surgery is administered, unless the injury/illness is life threatening.

**MINOR'S MEDICAL INFO**

Allergies \_\_\_\_\_

\_\_\_\_\_

Medications \_\_\_\_\_

\_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

\_\_\_\_\_

Medical Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Group Number \_\_\_\_\_

Name of Primary Insured on Policy \_\_\_\_\_

Emergency contact person and phone number (*other than parent or guardian*):

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

\_\_\_\_\_  
*Signature of Parent/Legal Guardian*

\_\_\_\_\_  
*Date*

Return to:  
POST ROAD CHRISTIAN CHURCH ● 1112 N. POST ROAD ● INDIANAPOLIS, IN 46219  
317-898-4945