



Dear Parent/Guardian: It is your responsibility to inform New Bridge Community Church of any updates or changes.

Student _____ Birth date _____ Grade _____

Address _____

City _____ Zip Code _____ Student Phone # _____

Parent(s) / Guardian(s) _____ Phone _____

Email _____

Emergency Contact _____ Phone _____

Health Information

Name of family's medical insurance company _____ Policy # _____

Name of employer through which family's medical insurance is provided _____

Employer's group medical insurance account/policy number _____

Doctor's Name _____ Phone # _____ Child/Student's Blood Type _____

In case of emergency, please contact: Name: _____ Phone # _____

Date of Most Recent Tetanus Shot _____ Do you wear contacts? _____

Is your child/student currently taking any medications? _____ Does your child/student have any allergies? _____

Are there any health issues we should be aware of? _____ Is your child/student on a special diet? _____

Does your child/student have any physical complaints or chronic illness at this time? _____

Has your child/student had any injuries in the past (e.g., back, knee, shoulder, elbow, etc.)? _____

Does your child/student suffer from any of the following Seizures _____ Asthma _____ Heart trouble _____ Lung trouble _____

Diabetes _____ Sinus Infection _____ Skin trouble _____ Ear trouble _____ Fainting Spells _____

(If you answered "yes," to any of the above questions, please explain on a separate sheet, sign, date, and attach to this form)

Liability Release, Permission and Consent

I, the undersigned parent/guardian of _____, do hereby give permission and consent for my child/student to participate in *student ministries activities*. On behalf of the minor's parents/guardians and the child/student, we assume and accept all risks and hazards which may necessarily follow ministry activities, and we agree to hold harmless and release New Bridge Community Church, its agents, assigns, employees and volunteer assistants from any and all liability whatsoever arising out of any and all injuries, sicknesses, damage to property, or other consequences which may be sustained by my child/student during the course of any activities offered by or through New Bridge Community Church. I hold the submitted health, liability, release, consent and medical consent information pertaining to my child/student to be current, accurate and complete. I grant New Bridge Community Church permission to dispense non-prescription drugs such as; Tylenol, Ibuprofen, Insect bite relief medication. I understand and authorize that my child/student's image may be photographed or filmed and used in video presentations and/or printed publications of New Bridge ministries including the internet website.

Signature(s) of Parent(s) or Legal Guardian(s) _____ Date _____

Medical Consent

I/We the undersigned parent(s)/guardian(s) of _____, age _____, do hereby authorize and consent to all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a physician to safeguard my/our child/student's health, and it is not advisable to take the time to contact me/us in advance. I/We waive my/our right to informed consent for said treatment.

I/We also understand that temporary emergency measures may be necessary to safeguard my/our child/student's health and do hereby authorize and request church personnel to administer such treatment and to do any procedure they deem necessary until such time as my/our child/student can be safely transported to a doctor or hospital. I/We have been informed and understand the limitations of the church's insurance coverage.

Signature(s) of Parent(s) or Legal Guardian(s) _____ Date _____