



**The Christian & Missionary Alliance Church of York
Release/Disclaimer of Liability**

I, (guardian's name) _____, in consideration of the benefits derived from my child's participation in the 2022-2023 school year and summer events, organized by the Student Ministry of York Alliance Church, do hereby voluntarily release, acquit, and forever discharge the Christian & Missionary Alliance Church of York and its directors, officers, employees, and agents from all manner of suits, actions, claims, demands, and liabilities which may arise from my child's participation in these events.

I understand that this document constitutes a full and complete waiver of all possible claims, including claims for negligence in personal injury, arising out of my child's participation in these events.

No provision of this document shall, in any way, limit my child's right to make claims against persons other than the church, its directors, officers, employees or agents.

Date (mm/dd/yyyy)

Student's Name (Please print)

Signature of Parent or Guardian

Agent of York Alliance Church

Date received (mm/dd/yyyy)

York Alliance Church Medical Release 2022-2023

Student's Name: _____

Date of Birth (mm/dd/yyyy): _____

Address: _____

Parents'/Guardians' Name(s): _____

Address (if different): _____

Phone: (_____) _____

Insurance Company: _____

Policy #: _____

1. Is your child allergic to:

- bee sting pollens
 hay, straw penicillin
 other: _____

2. Does your child have any life-threatening allergies?

- Yes No

If Yes, to what? _____

3. Will your child be bringing medication to any events?

- Yes No

Name and Dosage: _____

Medication should be in its original prescription bottle/package, which should have administration instructions and your child's name clearly indicated.

4. Does your child have any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of?

- Yes No

If yes, please explain: _____

5. Has your child ever had

- Seizures Asthma Diabetes
 Heart Disease Homesickness
 Other: _____

6. Date of tetanus shot: _____

Permission to Administer Medical Treatment

In the case of a medical emergency, I understand that hospital policy requires parental permission before treatment. I hereby give my permission to a representative of York Alliance Church to administer medication as identified above (see #3) and to secure proper medical treatment. Parents will be notified immediately of any medical emergency.

Signature of Parent/Guardian

Date (mm/dd/yyyy)

Emergency Phone #:(_____) _____

Emergency contact if parent/guardian cannot be reached:

Relationship: _____

Phone #:(_____) _____

Effective May 2022 – September 2023