



Student Ministries Medical Release/hold harmless form

I _____ the parent/legal guardian of _____
_____ hereby release and hold harmless **the Student Ministries of Faith Family Church Inc.**, it's officers, employees, and representatives/volunteers from all liability for personal injury, including death, as well as all proper damage or loss arising out of my child's participation in activities, functions, and events for the year of 2008. I authorize any agent of Faith Family Church/Student Ministries to act on my child's behalf should I be unable to do so and to consent to any medical attention and treatment, including but not limited to diagnostic tests, x-ray examination, anesthesia, surgery, or other procedures which may be deemed necessary for my child's medical well-being. This consent is given in advance of any specific diagnosis, treatment, surgery, or hospital care required, but is given to provide authorization and specific consent for medical/dental treatment and care in my child's behalf. Any consent by Student Ministries of Faith Family Church Inc., shall have the same force and effect as if I had personally given the consent.

Name of Family Doctor

Insurance Company

Doctor's Phone Number

Ins. Policy Number

Ins. Group Number / I.D. No.

I Certify that I have read and understood the above limitations and that the information is accurate to the best of my knowledge.

X _____ Date: _____