



Turning Point Church

2011 Medical Release Form

_____ *(name(s) of student or adult self)*
has my permission to attend all youth activities sponsored by
Turning Point Church for 2011.

I hereby authorize any pastors, officers, agents, or employees, who supervise the activities of this church into whose care my child has been entrusted, to consent to medical care or dental care, or both, for my child. Including medication deemed necessary for any sicknessesdd.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the church and its staff, volunteers, and drivers of any liability against personal losses of named child, at any activity, and/or in transportation.

I the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the church.

I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement.

In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent.

I also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above.

I realize video and pictures will be taken and used for youth ministry publications and websites.

I also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member, not only for medical reasons but for disciplinary reasons as well.

Parent / guardian signature: _____ Date: _____

Emergency Name: _____ **#:** _____