



**ACV STUDENT MINISTRY  
MEDICAL AUTHORIZATION & LIABILITY  
RELEASE**

Effective Dates: September 1<sup>st</sup> 2009 – August 31<sup>st</sup>  
2010

*Minor's Personal Information*

Name (last) \_\_\_\_\_ (first) \_\_\_\_\_ (middle) \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_ Gender M / F Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

*Minor's Health Insurance Information*

Insurance Company: \_\_\_\_\_

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

*In Case of Emergency, please notify the following*

(1) Name: \_\_\_\_\_ Relationship to the Minor: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

(2) Name: \_\_\_\_\_ Relationship to the Minor: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

*Minor's Medical Information*

Date of last Tetanus Shot: \_\_\_\_\_

Names, dosages, and purpose of medications being taken: \_\_\_\_\_

\_\_\_\_\_

Medication Allergies: \_\_\_\_\_

\_\_\_\_\_

Special Considerations (i.e medical conditions, dietary needs/restrictions, allergies, activity limitations, ect.): \_\_\_\_\_

\_\_\_\_\_

Minor's Doctor: (Name) \_\_\_\_\_ (Hospital) \_\_\_\_\_

(Phone Number) \_\_\_\_\_

**PLEASE SEE REVERSE SIDE FOR AUTHORIZATION OF MEDICAL  
TREATMENT FORM. Both sides of this form MUST be filled out by the  
Parent/Guardian of any minor participating with the ACV.**

## AUTHORIZATION OF MEDICAL TREATMENT FORM

I, the undersigned parent/guardian of the minor, do hereby grant the following to the Alliance Church of the Valley (ACV) on behalf of the minor's participation in any event sponsored by ACV, and for which I have granted my prior approval. I intend the following authorization and release to constitute my prior approval for all church events.

I, authorize ACV to administer general first aid treatment for any minor injuries or illnesses experienced by the minor in any of the aforementioned events. If the injury or illness is life threatening or in need of emergency treatment I authorize ACV to summon any and all professional emergency personnel, to attend, transport, and treat the participant and to issue consent for an X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of ACV in the exercise of their best judgment upon the advice of any such medical or emergency personnel.

I agree to release and hold harmless Alliance Church of the Valley, Church Staff, Adult Volunteers, and The Christian and Missionary Alliance from any and all claims, suits, costs, and actions of any kind whatsoever arising from their exercise of the power granted by this authorization.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Permission Information:**

I understand the rules of conduct set by the ACV Student Ministry and agree to abide by them. Call the church office at 483-1100 if you have any questions concerning the rules of conduct.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I, as parent/guardian of the above named student, agree to support the rules of conduct promoted by the ACV Student Ministry and know that I will be informed and expected to come and get my child if he/she is in violation of the alcohol, drugs, weapons or other behavior regulations. **I also give permission for my student's picture to be used by the ACV Student Ministry in printed material or on the website.** For our student ministry policy of student pictures, call the church office at 483-1100.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_