



**Next Gen Ministries 2020 - 2021 Information and Medical/Liability Release**

<b>Student/ Child Information</b>				
First Name		Middle Name		Last Name
Birth date: / /	Age:	Gender:	20-21 Grade:	School:
Home Address:				
Student's Cell:			Student's email:	
Mother's Name:			Primary Contact #: Cell/Home (Circle one)	
Father's Name:			Primary Contact #: Cell/Home (Circle one)	
Parent Email:				
<b>Emergency Contact Information</b>				
Name:				
Relationship to Child:			Primary Contact #: Cell/Home (Circle one)	
<b>Medical Information</b>				
Physician's Name:			Physician's Number:	
Insurance Carrier:			Policy #:	
Significant Medical History including any physical limitations or protection that may be required:				
Allergies to Medications, Food or Other:				

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## Photo Video

At times, Mandarin Presbyterian Church may use photos or video footage from activities to promote the Church and its events. We do not use names or other identifying information. These images may be used in the church's print publications, online publications, presentations, websites, and social media. To request your child's photo or video not be used, please submit in writing to: [rkastens@mandarinpres.com](mailto:rkastens@mandarinpres.com)

## Consent to Treat and Release of Liability

In the event of serious illness or accident and MPC representatives cannot contact me, I give permission to have my child moved via ambulance or other conveyance to a hospital or other medical facility for immediate attention. I give permission for the physician selected by MPC or its representative to hospitalize and secure proper treatment for my child including injections, anesthesia, or surgery. I, the parent/guardian will assume all responsibility financial and otherwise, for services rendered.

In case of an accident or illness when immediate treatment is not needed, but when my child is unable to remain at an event, I request to be contacted by MPC. If I am unable to be reached, I request that one of the persons listed be contacted to care for my child until I can be reached.

I give permission for my child to be transported by MPC to and from church functions.

I give permission for my child to participate fully in MPC Next Gen programs. I understand that every precaution will be taken to assure the safety of my child. If my child is injured, becomes sick, or has personal property that becomes damaged, I will not hold MPC or its representative responsible.

I understand that this authorization is given in advance of any specific diagnosis or emergency treatment being rendered.

I, the undersigned, have read, understand and agree with all information and statements on this form. I have signed below so my child can participate in any MPC trip or activity. **This form will be retained for the year beginning September 1, 2020 and ending September 1, 2021. Please notify the church of any changes in this information.**

**Print Name:** \_\_\_\_\_

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

Parent or Guardian