

CONCORD STUDENT MINISTRIES

2017 Medical Release Form

13775 Tesson Ferry Rd. St. Louis, MO 63128 (314) 843-3500

Student's Name: _____ Phone: _____ Grade: _____ Birth date: ____/____/____

Address: _____
Number & Street City Zip E-mail address

Other Person to Contact in Case of Emergency _____
Name Phone

PERSONAL HEALTH INSURANCE COMPANY _____ POLICY # _____

This is to certify that my above named son/daughter has my permission to participate in activities with CONCORD Students Ministries of CONCORD Church, St. Louis, Missouri from the date of my signature below until **January 1, 2018**.

Understanding that all due care for the health and safety of all participants will be exercised, I will hold neither the church nor any of its adult supervisors responsible for any accident or illness that may occur. I hereby empower the adult leaders of this activity to secure the services of properly qualified medical personnel and to authorize the performance of any necessary medical or surgical procedures in the event of accident or illness, with the understanding that every effort will be made to contact me before such action is taken. I also will assume all financial and legal responsibility involved.

Please list any medical problems or allergies: _____

Name of Parent or Guardian (Please Print) Signature of Parent or Guardian Date

Church insurance begins where the individual's health and accident insurance policy terminates and is only valid when other insurance has been extended to its limits. In case of no personal policy, CONCORD Church's policy will provide complete coverage within its limits.