

**2022-2023**  
**(September-August)**  
**MEDICAL/TRANSPORTATION RELEASE**

**CHILD INFORMATION**

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

**Gender:** Male or Female **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Grade:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street Address, City/Town, State, Zip Code)

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**EMERGENCY CONTACT**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

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

**IMPORTANT MEDICAL INFORMATION**

The participant is covered by personal/family medical insurance (circle one)    Yes    No

If yes, name of insurer: \_\_\_\_\_

Policy or Group Number \_\_\_\_\_

List all Medical Conditions or restricted activities: \_\_\_\_\_

\_\_\_\_\_

Is your child on any medications? (circle one)    Yes    No

If yes, what are they, how many milligrams and how often do they take them? \_\_\_\_\_

\_\_\_\_\_

Allergies:

\_\_\_\_\_

\_\_\_\_\_

**PARENTAL/GUARDIAN AUTHORIZATION**

I do hereby authorize my child to participate in any of the activities scheduled for the Family Life Ministries of Bethel Assembly of God, which includes all events that are scheduled for Penn-Del District Events, Youth Group, Life Groups, Mission Trips, and all Bethel Children's Ministries. I also give permission for my child to be transported to and from any of these activities. I understand the arrangements and feel that all safety precautions and logistics are planned to ensure the safety of those involved.

I understand that I will be notified in the case of a medical emergency. However, in the event that I cannot be reached, I give my permission to: hospitalize and/or secure the services of a licensed physician, surgeon, or medical provider in providing the necessary care for my child as named on this release form. I understand that Bethel Assembly of God and the youth/children's leaders will not be responsible for medical expenses incurred, but that such expenses will be my responsibility as parent or guardian.

**COVID-19 DISCLAIMER**

An inherent risk of exposure to COVID-19 exists in any public place where people are present. COVID-19 is an extremely contagious disease that can lead to severe illness and death. According to the Centers for Disease Control and Prevention, senior citizens and those with underlying medical conditions are especially vulnerable. By attending Bethel Family Life Activities, you voluntarily assume all risks related to exposure to COVID-19. I understand and agree to allow my child to participate in activities that may not follow social distancing. I also understand that mask will be recommended but not be required. \_\_\_\_\_ **(initial)**

By signing below, the participant (or parent/guardian if participant is a minor) acknowledges and accepts the risks of physical injury associated with participation in any activity provided by Bethel Assembly of God. Except for gross negligence on the part of the leader, the participant (or parent/guardian) accepts personal financial responsibility for any bodily or personal injury sustained during or while traveling for any activity provided by Bethel Assembly of God. Further, the participant (or parent/guardian) promises to hold harmless the sponsoring organization and its representatives for any injury related to the activity.

If a dispute over this agreement or any claim for damages arises, the participant (or parent/guardian) agrees to resolve the matter through a mutually acceptable arbitration process.

Signature of Parent/Guardian\_\_\_\_\_ Date\_\_\_\_\_