

**Countryside Covenant Church MIDDLE SCHOOL Consent  
and Release Form for 20 -20**

Name \_\_\_\_\_ Age \_\_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_  
Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Grade \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Health Information**

Allergies/Other Medical Conditions \_\_\_\_\_  
Insurance Company \_\_\_\_\_ Address \_\_\_\_\_  
Policy Number \_\_\_\_\_ Policy Holders ID # \_\_\_\_\_  
Doctor's Name \_\_\_\_\_ Phone(\_\_\_\_) \_\_\_\_\_ Address \_\_\_\_\_

**Emergency Contacts**

*Primary (parent(s) or guardian)*

Name \_\_\_\_\_ Day Phone(\_\_\_\_) \_\_\_\_\_ Night Phone(\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Realtionship \_\_\_\_\_

*Secondary*

Name \_\_\_\_\_ Day Phone(\_\_\_\_) \_\_\_\_\_ Night Phone(\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_ Realtionship \_\_\_\_\_

**Release For Health Care**

In the event of an emergency or non-emergency situation in which medical treatment is required as a result of participation in the activities of Life Student Ministries and /or Countryside Covenant Church during the period of time between **June 1, \_\_\_\_\_ -May 31, \_\_\_\_\_**; every reasonable effort will be made to contact the persons listed above. If unsuccessful in contacting the persons listed, consent is given for treatment by competent medical personal. Further, consent is given to youth pastors or volunteers of Countryside Covenant Church to hospitalize, secure proper treatment for, and to administer injection, anesthesia, or surgery (under recommendation of qualified medical personnel).

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*Signature of Primary (parent(s) or guardian)*

**Indemnification and Release**

I/we, \_\_\_\_\_ are the parent(s)/legal guardian(s) of \_\_\_\_\_

A minor and I/we hereby consent to said minor attending activities of Life Student Ministries, the student ministry of Countryside Covenant Church of McPherson, KS, that are Scheduled from **June 1, \_\_\_\_\_ - May 31, \_\_\_\_\_** and which will include various modes of transportation such as bus, train, personal automobile, etc.

I/we hereby further consent o medical care and treatment being tendered or furnished to said minor in the event such circumstances should arise, and prompt notification of same will be given to the undersigned.

I/we, the undersigned, hereby agree to indemnify and hold harmless Countryside Covenant Church and any individual in his or her capacity as board member, officer, director, trustee, pastor, counselor, or teacher from and against all claims, damages, losses and expenses, including attorney's fees, arising out of or resulting from participation of said minor in the activities indicated above.

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*Signature of Primary (parent(s) or guardian)*