

**Maple Grove Covenant Church/Student Ministries Liability Waiver  
and Authorization for Medical Treatment  
All Events 2007/2008**

**Student Information** *(Please print)*

Name \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Youth's Street Address \_\_\_\_\_

City/State/zip \_\_\_\_\_ Phone \_\_\_\_\_

**Parent/Guardian Information**

Mother's Name \_\_\_\_\_ Phone (home) \_\_\_\_\_  
(work) \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone (home) \_\_\_\_\_  
(work) \_\_\_\_\_

**If parents or guardian cannot be reached, other person to notify in case of an emergency:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone(home) \_\_\_\_\_ Phone(work) \_\_\_\_\_

**Medical Insurance Information**

Medical Plan/Insurance Company: \_\_\_\_\_

Policy Card Information: \_\_\_\_\_

Other Information: \_\_\_\_\_

**Health Background Information:** *(use additional sheet to provide further information if needed)*

Special Medical Conditions: \_\_\_\_\_

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

**Operations or Serious Illness**

**Date:** \_\_\_\_\_ **Type:** \_\_\_\_\_

**Medication (presently taking):** \_\_\_\_\_

**Special instructions for medication:** \_\_\_\_\_

**Any restricted activity for your student? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If yes, specify:** \_\_\_\_\_

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**Release Statement**

In the event medical treatment is required, I understand every effort will be made to contact me (us) or the alternate listed above by telephone. I (we) hereby give permission to a physician to hospitalize, secure proper treatment for, and to inject, administer anesthesia or perform surgery for the student listed on this form. This medical treatment authorization is good for all Maple Grove Covenant Church Student Ministries Youth Events, including those events at the Marlin and Sara Grose swimming pool (8710 Glacier Lane, Maple Grove, Minnesota). I (we) agree to indemnify and hold Marlin and Sara Grose, Maple Grove Covenant Church, its paid and volunteer staff harmless for personal injuries to others or property damage which result from my (our) son/daughter's participating in the course of activities for all events during 2005-2006. I authorize Maple Grove Covenant Church to utilize pictures of this student for promotional purposes.

**Student's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Parent's or Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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**Maple Grove Covenant Church assumes no responsibility for personal items.**