



Ignite Permission Slip

Medical Release/Liability Release

-----**PERMISSION SLIP**-----

Student's Name: _____

Name of Parent(s) _____

Parent E-mail: _____@_____._____

Full Address: _____

-----**EMERGENCY CONTACT & INSURANCE INFORMATION**-----

Emergency Contact Name: _____

Emergency Phone Number: _____

Insurance Carrier: _____ Policy #: _____

-----**MEDICAL INFORMATION**-----

Has he/she had any surgery or serious illness within the last 3 years? ___yes ___no. If yes, explain:

Is he/she required to take any medication? ___yes ___no. If so, what medications, for what reason, and how often?:

Does he/she have any allergies or allergic reaction to any medication? ___yes ___no. If yes, explain:

Is he/she presently under a doctor's care? ___yes ___no. If yes, explain:

Does he/she have any chronic medical conditions? ___yes ___no. If yes, explain:

Does he/she have any physical conditions that may limit activities? ____yes ____ no. If yes, explain:

Does he/she have any special dietary needs? ____yes ____ no. If yes, explain:

-----**PARENTAL CONSENT & RELEASE AGREEMENT**-----

I understand and certify that my child's participation in **CHRIST THE ROCK/IGNITE** activities is completely voluntary, and I have familiarized myself with the program activities and give my permission for my child to participate in this program and activities. I acknowledge that although **CHRIST THE ROCK/IGNITE** has taken safety measures to minimize the risk of injury to program participants. I further recognize and have instructed my child in the importance of knowing and abiding by the rules, regulations, and procedures for the safety of the program participants. All proper measures have been taken to ensure the safety of each individual.

I hereby release Christ the Rock AG, its employees, staff and volunteers from liability for any and all causes of action damages and claim for any personal, bodily, emotional or other injury, illness or death to my child or me during attendance at the **CHRIST THE ROCK/IGNITE** Event.

I give permission for any photographs or videos taken of my child to be used for promotional purposes for the **CHRIST THE ROCK** and **IGNITE**.

This health history noted for my child is correct as far as I know. In an **EMERGENCY**, I hereby give my permission to the physician or hospital selected by the Person in Charge to hospitalize, secure the proper diagnostic, laboratory and radiological procedures, and to order any necessary medications, injections, anesthesia, intravenous therapy or surgery for me or my child as named above.

I have read the above permission and release statements and understand the terms and implications. I hereby execute permission and release of my own free will and with full knowledge of its significance.

Parent/Legal Guardian Signature: _____

Printed Name: _____ Date: _____

Without a completed form, no minor will be allowed to attend an event/activity sponsored by Ignite Ministries and its parent organization, Christ The Rock, which takes place outside of weekly youth activities