



IGNITE

MEDICAL RELEASE FORM

Name: _____

Parent/Guardian Name(s): _____

Cell Number: _____

Relationship to the student: _____

Emergency Contact (if different): _____

Emergency Contact Number: _____

Work Number: _____

Home Address: _____
Street City State Zip

Email Address: _____

___ I give permission to Faith Family Church to allow the administering of care in a life-threatening situation by health care and first responder professionals.

___ I Authorize and consent release of my child to Faith Family Church for traveling events and other recreational activities that include the shuttling to and from the church or between pieces of the church campus in Nevada, Texas

NON-CONSENT

___ I DO NOT desire to sign this authorization and understand that this will prohibit my child from receiving any *non-life threatening* medical treatment or care in the event of an accident or illness.

MEDICAL HISTORY

Allergies (Food, medical, etc.):

Current Medical Conditions: (such as asthma, headaches, seizures, epilepsy, etc.)

Last Tetanus: _____

Please Check what over the counter medicines below may be administered to your student:

Ibuprophen Tylenol Cough Syrup Decongestant Dramamine
 Anti-Acid Polysporin Hydrkortisone Other _____

List Any Disability Accommodations:

List Current Medications:

Name of Medication:	Dosage:	Times Taken:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Any other additional instructions?

I hereby authorize that this information may be released to medical professionals upon request in the event of an emergency. I also allow this information to be stored and updated upon request by Faith Family Church. If any of my child's medications, conditions, or other necessary requirements change, I understand that I must update this form for the church to be able to provide the best possible care to my child.

Signature Parent/Guardian_____

This form is not available for electronic signature or online completion due to the important nature of its purpose. For your child to participate in activities with Faith Family Church, Faith Family Kidz, or Ignite Youth Group, your child must have this form updated. Please send this form with your child after it is filled out. If you need a new one or need to update this form you can find a copy of it at FaithFamilyTX.com/youth. Please DO NOT ask us to update information on this document simply by word of mouth or message. Your signature is required to accommodate this information so that we can give your child the best care possible. By signing this document you also understand that you the Parent or guardian are responsible for all expenses for your child outside the church's liability.