



Minor Event/Trip Release Form



NAME(S) OF STUDENT(S):	PARENT/GUARDIAN NAME:
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EMERGENCY CONTACT INFORMATION

First Contact Name:	Relationship to Participant:	
Address:		
Home Phone:	Work Phone:	Other Phone:
Second Contact Name:	Relationship to Participant:	
Address:		
Home Phone:	Work Phone:	Other Phone:
Third Contact Name:	Relationship to Participant:	
Address:		
Home Phone:	Work Phone:	Other Phone:

MEDICAL INFORMATION

Is the participant currently on any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list all:	
Does the participant have any reoccurring health condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list all:	
Does the participant have any allergies to medications, or otherwise?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list all:	
Does the participant have any other health condition that could be affected on this trip?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list all:	
Health Care Provider:	Policy Number:
Physicians Name:	Physicians Phone:

Emergency Authorization: I hereby give permission to the medical personnel, selected by Connection Church and/or Teen Connection, it's employees or affiliates, to order x-rays, routine tests, and treatments for my child if I cannot be reached in an emergency. I also give permission to hospitalize, secure treatment, and order injections, anesthesia or surgery for my child, named below.

Print Name _____ Signature _____ Date _____
Participant (minor)

Print Name _____ Signature _____ Date _____
Parent / Guardian

Print Name _____ Signature _____ Date _____
Parent / Guardian



Permission & Release of Liability



**TEEN CONNECTION
CONNECTION CHURCH OF MEDINA, OHIO
RELEASE OF MINOR CHILD**

I, _____, parent or Guardian of, _____,
do hereby give permission to the above named minor child to attend a trip/event with Teen Connection of
Connection Church. I assume all responsibility for any sickness or injury, with respect to my minor child,
and I hereby waive my right, and my child's right, to any claim, cause of action, and / or the right to file a
lawsuit, and I further release Teen Connection and Connection Church, it's affiliates or employees from any
and all liability, of any nature, to my child's personnel property or person.

Print Name _____ Signature _____ Date _____
Participant (minor)

Print Name _____ Signature _____ Date _____
Parent / Guardian

Print Name _____ Signature _____ Date _____
Parent / Guardian

NOTE

**THIS FORM MUST BE TURNED IN ON BEHALF OF YOUR SON/DAUGHTER BEFORE
HE/SHE MAY ATTEND THE EVENT. HANDWRITTEN NOTES ARE UNACCEPTABLE FOR THIS RELEASE.**

**IF YOU HAVE FURTHER QUESTIONS/CONCERNS, PLEASE CONTACT
PASTOR TONY MYLES AT 330-461-3964**

