



# Life Pointe Church STUDENT LIFE

## Student Information and Parent Consent Form



**PARENTS:** Complete this form on both sides. Print or write legibly, please.

Name \_\_\_\_\_ Male  Female  Grade \_\_\_\_\_  
First Last

Address \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
Street City State Zip Mo. Day Year

Phones (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

E-Mail \_\_\_\_\_

### EMERGENCY CONTACTS (to reach parents or guardian):

Mother (or Guardian 1)	Father (or Guardian 2)
Name	Name
Home Phone	Home Phone
Cell Phone	Cell Phone
Bus. Phone	Bus. Phone
E-mail	E-mail

Alternate Contact Person \_\_\_\_\_  
Name Phone(s) Relationship

### HEALTH HISTORY AND INSURANCE INFORMATION (please give dates where known):

#### **COPY OF THE FRONT AND BACK OF INSURANCE CARD IS REQUIRED.**

Operation (within last two years) \_\_\_\_\_

Is student prone to hyperventilation, hysteria, etc.? If yes, explain \_\_\_\_\_

Serious Medical Problems \_\_\_\_\_

Heart Conditions \_\_\_\_\_

Respiratory Problems \_\_\_\_\_ Diabetes \_\_\_\_\_

Allergies requiring medical treatment \_\_\_\_\_

Faints easily \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Is Tetanus current? \_\_\_\_\_ Additional Health Problems \_\_\_\_\_

Drug or Other Allergies \_\_\_\_\_ Medications taking presently \_\_\_\_\_  
List and complete Medication Order form

Is student presently under medical care? \_\_\_\_\_ Reason \_\_\_\_\_

Physician's Name \_\_\_\_\_ Physician's Phone \_\_\_\_\_

Health Insurance Co.\* \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

\***OR** →  My student is not covered by health insurance at this time.

### PARENT/GUARDIAN PERMISSION FOR MINOR TO PARTICIPATE:

I, the parent/legal guardian of the above-named student, acknowledge that the student is a minor who is under 18 years of age and do, by affixing my signature below, give permission for said student to participate in the **Life Pointe Church Student Life Activities** between **October, 2013 and August, 2014.**

- Yes, I give my consent.
- No, I do not give my consent.

CONTINUE ON THE OTHER SIDE OF THIS FORM →

# LIFE POINTE CHURCH STUDENT LIFE– Student Information and Parent Consent Form

## PARENT/GUARDIAN PERMISSION AND MEDICAL RELEASE:

I, the parent, give permission for \_\_\_\_\_ to attend, and do by affixing our names below, hereby release Life Pointe Church and their staff, chaperones, and transporters (whether staff or volunteer drivers) from any and all liabilities for bodily injury or damage either physical, mental, or moral, resulting directly or indirectly from any means or cause and affecting the above-named person in any way during the **Life Pointe Church Student Life activities between September, 2013 and August, 2014**, which includes but is not limited to **Life Pointe Church and designated locations**.

If my child needs medical attention for an emergency, you have my permission to obtain necessary medical care and transport him/her for treatment to a hospital or doctor's office without any liability to the church, church personnel, transporters (whether staff or volunteer drivers) or attending medical personnel. I, the parent/guardian, will bear the expense of any emergency medical treatment.

- Yes, I give my consent.  
 No, I do not give my consent.

## MEDIA CONSENT BY PARENT/GUARDIAN:

I give my consent and permission for the taking of photographs and/or video of my child during the described events and waive and/or assign any and all rights (including copyright) in such media to Life Pointe Church. Life Pointe Church, as the sole owner of such media, shall have the exclusive right to control and determine the use, display, performance, reproduction and dissemination of any such photographs and/or videos.

- Yes, I give my consent.  
 No, I do not give my consent.

## THIS MUST BE SIGNED IN THE PRESENCE OF A NOTARY:

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Notary Information

The following is to be completed by the notary witnessing parent/guardian's signature.

State of Texas

County of \_\_\_\_\_

Before me, a Notary Public, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of the office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, Signature

(STAMP NOTARY SEAL ABOVE)