

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 the Heights Baptist 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 October, 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)