

# Faith Community Fellowship Release and Medical Waiver

Students First and Last Name: \_\_\_\_\_

**WAIVER OF LIABILITY:** I (we) have, by my (our) signature(s) below agreed to a waiver of liability of Faith Community Fellowship, its pastors, teachers, and/or volunteers from all liability EXCEPT NEGLIGENCE OR CRIMINAL BEHAVIOR arising from the activity for which this form is signed and all other events for the year of 2024 and 2025.

**EMERGENCY MEDICAL TREATMENT OF INJURY:** I (we) give permission for a licensed medical professional to administer medical treatment to my (our) child in the event that my (our) child is injured or becomes seriously ill and needs medical attention during the trip or retreat and we cannot be reached by telephone or other reasonable methods.

MedicationsUsed: \_\_\_\_\_  
\_\_\_\_\_

Allergies: \_\_\_\_\_  
\_\_\_\_\_

Emergency Contacts Person(s): \_\_\_\_\_

Phone #: \_\_\_\_\_ Relation to Student(s): \_\_\_\_\_

Insurance Information:

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Parent/Guardian(s) Signature: \_\_\_\_\_

Parent/Guardian(s) Signature: \_\_\_\_\_

Date: \_\_\_\_\_