

# Medical, Liability, and Info Release Form

for all New Covenant Middle School & High School  
Occurring between July 1, 2024 and August 31, 2025

*Don't turn in until completely filled out*

Y N

STUDENT NAME:

STUDENT PHONE:

Texting?

ADDRESS:

CITY:

ZIP

BIRTHDAY

AGE

GRADE 2023-24:

SCHOOL

(VISITORS ONLY) FRIEND OF:

## HEALTH HISTORY AND INFORMATION:

Allergies:  Insect Stings  Drugs  Hay Fever  Other allergies

Other Conditions:  Heart Condition  Asthma  Seizure Disorder  Diabetes  Other

*(If you checked any of the above, please give details on the back of this sheet (i.e. include normal treatment of allergic reactions))*

Date of last tetanus shot:

Name and dosage of any medications that must be taken:

(Use back if more room is needed)

Permission to administer OTC medication (i.e. Tylenol, Advil, Pepto-Bismol, Dramamine, etc) as needed:  No  Yes

Any swimming or activity restrictions? Yes No

DOCTOR

CITY

PHONE

## HEALTH INSURANCE

Do you have health insurance?  No  Yes (if "no" skip this section)

Insurance Company

Insurance Company Phone #:

Name: Policy Number:

Name of Insured (usually head of household)

Place of Employment:

Employment Phone #:

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Parent or Guardian Signature required below for Middle School & High School

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**MEDICAL CONSENT** "In the event that I cannot be reached in an emergency, I agree and consent to the ministry leaders securing any emergency medical treatment necessary for my child while participating in activities."

**PHOTO/VIDEO RELEASE** "I give permission for the use of pictures or video/audio recordings of the minor listed on this form for the purposes of promoting and reporting NCBC events, including on NCBC websites and/or church social media accounts, without compensation to me or the minor. I agree that all pictures and recordings remain NCBC property. I release NCBC from any liability arising out of the use of such pictures or recordings. I also give permission for use of pictures in printed materials."

**CONSENT AND LIABILITY RELEASE** "Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. Knowing this, "I give my permission for the above minor to participate in NCBC activities, including off-site events (See Youth Policy Manual for details). I also agree to release the church, its employees, and its volunteers from liability for any and all damages, losses, or injuries that may occur related to NCBC activities whether caused by the negligence of the church, its employees, its volunteers or otherwise. I understand that failure to sign this form is grounds for denial of participation. I understand that I am signing on behalf of the minor listed on this form and in my own capacity and that my typed signature is for the consent and release for medical, photo/video, and liability purposes."

**(Below: sponsors or college-age people need only to sign & date)**

(2nd Parent or Legal Guardian)

Signature(s) of parent or legal guardian(s)  
or Sponsors, or College Age

Date

Relationship to minor

Emergency Phone #(s)



# Medical, Liability, and Info Release Form

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STUDENT NAME

### HEALTH HISTORY AND INFORMATION:

Allergies:  Insect Stings  Drugs  Hay Fever  Other allergies

Other Conditions:  Heart Condition  Asthma  Seizure Disorder  Diabetes  Other

Please use this space to explain in more detail any allergies or other conditions you checked above that we should be aware of to enable your student the best ministry experience.

Name and Dosage of any medications that must be taken for student above: