



ACV STUDENT MINISTRY
MEDICAL AUTHORIZATION & LIABILITY RELEASE
Effective Dates: September 1st 2022 – August 31st 2023

Minor's Personal Information

Name (last) _____ (first) _____ (middle) _____
Address: _____
City/State/ZIP: _____
Home Phone: _____ Cell Phone _____ Gender M / F Date of Birth ___/___/___

Minor's Health Insurance Information

Insurance Company: _____
Policy Number: _____ Group Number: _____

In Case of Emergency, please notify the following

(1) Name: _____ Relationship to the Minor: _____
Home Phone: _____ Work Phone: _____ Cell Phone _____
(2) Name: _____ Relationship to the Minor: _____
Home Phone: _____ Work Phone: _____ Cell Phone _____

Minor's Medical Information

Date of last Tetanus Shot: _____

Names, dosages, and purpose of medications being taken: _____

Medication Allergies: _____

Special Considerations (i.e medical conditions, dietary needs/restrictions, allergies, activity limitations, etc.): _____

Minor's Doctor: (Name) _____ (Hospital) _____
(Phone Number) _____

PLEASE SEE REVERSE SIDE FOR AUTHORIZATION OF MEDICAL TREATMENT FORM. Both sides of this form MUST be filled out by the Parent/Guardian of any minor participating with the ACV.

AUTHORIZATION OF MEDICAL TREATMENT FORM

I, the undersigned parent/guardian of the minor, do hereby grant the following to the Alliance Church of the Valley (ACV) on behalf of the minor's participation in any event sponsored by ACV, and for which I have granted my prior approval. I intend the following authorization and release to constitute my prior approval for all church events.

I, authorize ACV to administer general first aid treatment for any minor injuries or illnesses experienced by the minor in any of the aforementioned events. If the injury or illness is life threatening or in need of emergency treatment I authorize ACV to summon any and all professional emergency personnel, to attend, transport, and treat the participant and to issue consent for an X-ray, anesthetic, blood transfusion, medication, or other medical diagnosis, treatment, or hospital care deemed advisable by, and to be rendered under the general supervision of, any licensed physician, surgeon, hospital, or other medical professional or institution duly licensed to practice in the state in which such treatment is to occur.

It is understood that this authorization is given in advance of any such medical treatment, but is given to provide authority and power on the part of ACV in the exercise of their best judgment upon the advice of any such medical or emergency personnel.

I agree to release and hold harmless Alliance Church of the Valley, Church Staff, Adult Volunteers, and The Christian and Missionary Alliance from any and all claims, suits, costs, and actions of any kind whatsoever arising from their exercise of the power granted by this authorization.



Signature: _____ Date: _____

I (parent/guardian) give permission for my student's picture to be used by the ACV Student Ministry in printed material or on the website for promotional purposes.



Signature: _____ Date: _____

Please contact Pastor Chris at the church office with any questions about this form, or any other questions about ACV Student Ministries.