Sunrise Community Church Medical, Liability & Media Release
Effective June 1, 2025 - May 31, 2026

#
STUDENT_____ Grade _____
First Middle Last -

Address _____City _____Zip _____ Birth Date _____
M/D/Y

Parent Email _____

Father's Cell ( ) _____Work ( ) _____ Home Phone ( ) _____

Mother's Cell ( ) _____Work ( ) _____ Student Cell ( ) _____

Father's First & Last Name_____ Mother's First & Last Name _____

If parents cannot be reached in an emergency, contact: Name & Relationship _____
_____ **Phone ( )** _____

HEALTH HISTORY

Allergies (insect bites/bee stings, medication, food allergies, etc.) If yes, please describe.
_____ Last Tetanus _____

Other Conditions (Epilepsy, Diabetes, Chronic Asthma, Heart Condition, Hay Fever, Physical Limitations, etc.)
_____

If student has any of the above conditions please give details and describe usual treatment procedures:
_____

RESTRICTIONS

Are there athletic restrictions? If yes, what? _____

Are there any dietary restrictions? If yes, please describe. _____

INSURANCE

The Church does not provide health insurance to cover students. If you have health insurance, your insurance company will be billed for all medical costs, fees, and other charges in the event of your student's illness or injury. Do you have health insurance? Yes No

Doctor's Name _____ Doctor's Phone ( ) _____

Doctor's Address _____City _____Zip _____

Insurance Company _____ Policy # _____

Your Place of Employment _____ Phone Number _____

LIABILITY & MEDIA RELEASE

• I give consent for my student to attend any Student Ministries events being sponsored by Sunrise Community Church.

• In the event that my student is injured or becomes ill while under the care of Sunrise Community Church and its representatives and requires medical attention, I hereby consent to, and will be financially responsible for, any and all reasonable medical treatment as is deemed necessary by a physician, surgeon or dentist who is licensed under the California Medical Practice Act or the California Dental Practice Act. This authorization is given pursuant to the provisions of California Family Code §6910.

• I will be responsible for obtaining pertinent information about each event involving my student which is held during the period indicated at the top of this page and do hereby release, discharge, and hold the Church and its employees, representatives, and volunteer assistants harmless from any and all claims, actions, liabilities, costs, and expenses of any kind arising out of any act by, or injury to, my student in connection with any such event, whether at the Church or elsewhere.

• I agree to either pick up my student or cover all costs of transportation of my student if the Church determines it is necessary for my student to be sent home on account of disciplinary reasons or for any other reason.

• I understand that my student may be traveling in a 12-passenger or 15-passenger van or in a cargo van driven by designated licensed drivers who are 25 years of age or older. I understand that the Church assumes no responsibility whatsoever if my student chooses to ride in a private vehicle driven by someone who is not a driver designated by the Church.

• I give consent to Sunrise Community Church to publish photos of my student on the Church's website and in brochures or other publications for promotional purposes. Please initial here if you **do not** give consent for photo publication. ☐

Parent or Guardian's Signature _____Date _____

Print Name _____#