

Medical Release Form

Student Information:

First Name _____ Middle _____
Last _____
Date of Birth ____/____/____
Home Phone Number (____) ____-____ Student Cell Phone (____) ____-____
Home Street Address _____
City _____ State _____ Zip
Code _____

Parent/Guardian Information:

Parent/Guardian First Name _____ Parent/Guardian Last
Name _____
Cell Phone (____) ____-____ Email Address

In case of Emergency and a Parent or Guardian can't be reached, please contact:

First Name _____ Last
Name _____
Cell Phone (____) ____-____ relation to
Student _____

Medical Information:

Allergies or Physical Limitations to be observed:

Primary Insured First & Last

Name: _____

Medical Waiver and Photo Release Information:

I hereby release City First Leadership College (CFLC), its director, staff, and students from responsibility for any injuries or illness that the above-mentioned student may sustain during the City First Leadership College Experience. In the event of an emergency, I authorize the CFLC staff of this function to act as an agent of myself, to consent to any medical treatment and hospital care advised by and supervised by a physician, which may include, but not limited to: x-ray examination, injections, prescribed medication, dental treatment, or surgical diagnosis supervised by a licensed practitioner under the laws where service will be rendered. I understand that I am responsible for all costs for medical treatment in the event of sickness and/or injury.

I give CFLC permission to take photos, motion pictures, electronic images, and audio of the above-mentioned student or family in connection with City First Leadership College Experience. CFLC may use these for any lawful purpose with or without publishing names including advertising, publications, illustrations, advertising and/or web content royalty free and without notification.

Signature

Date

Print Name

Parent and Student Covenant Agreement

Students:

We are so excited to have you here for the next 24 hours! We want to make sure everyone has the most positive and encouraging time checking out City First Leadership College! Due to the nature of this event we are asking that you be responsible and follow these specific guidelines. Understand that your actions may affect the safety and enjoyment of this group.

Parents:

Please discuss this with your student prior to Experience City First Leadership College. If problems arise, CFLC will require that you pick up your student(s) at your expense.

Guidelines:

- I understand that weapons are not allowed
- I understand I need to respect the people around me, as well as their personal belongings
- I understand to follow all instructions given by my assigned CFLC student, CFLC staff, or City First Church staff
- I understand the need for gender-appropriate sleeping arrangements and I will not enter the apartment of a person of the opposite gender
- I understand I need to communicate where I will be at all times with my assigned CFLC Student
- I understand that I am not allowed to possess or use tobacco, alcohol, or any type of drug at any time during retreat
- I understand that if I am responsible for any damage to the apartments, church or personal belongings of other visiting students or CFLC students.

Consequences:

If any of the guidelines are violated, the student will be sent home at their or their parent's expense.

Students, please read and sign below

I understand all of the guidelines and agree to follow them during Fall Retreat. I will respect the staff and students of CFLC as well as City First Church. I also understand the consequences if I choose to break these rules.

Student's Signature

Date

Print Student's Name

Parents, please initial by each guideline below, acknowledging you have read and agree with guidelines.

_____ I understand all of the guidelines and safety procedures for my students and potential consequences. I have discussed these guidelines with my student and am confident he/she will honor these guidelines and the leadership of CFLC and City First Church.

_____ I understand that if my child does not follow the guidelines, I will pick up my student at my own expense.

Parent/Guardian Signature

Date

Print Parent/Guardian Name