



# Medical Release and Permission Form

**Parent(s): Please print in ink**

Effective Dates: \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_

Student's Name: \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_/\_\_\_/\_\_\_  
Last First Middle

Male  Female Student's Email \_\_\_\_\_ Year in school \_\_\_\_\_

Does Student use a cell phone? Yes No If yes, phone #: (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name \_\_\_\_\_ Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Father's name \_\_\_\_\_ Phone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Father's Email \_\_\_\_\_

**Emergency contact #1** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Emergency contact #2** \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Physician \_\_\_\_\_ Office Phone (\_\_\_\_) \_\_\_\_\_

**Medical History**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the JFA staff should be aware, and what, if any action of protection is required on account thereof. Include names of medications and dosages that must be taken, if any.

**Check the following areas of concern for this student.** If necessary, add another page with details:

1. Is your child on any medication? Yes No Please list: \_\_\_\_\_  
Medication Dosage

2. Does your child have any medication allergies? Yes No If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

3. Does your child have any food allergies? Yes No If yes, please list: \_\_\_\_\_  
\_\_\_\_\_

4. Does your child suffer from or has he/she ever been diagnosed with any of the following? Yes No

Please Circle: asthma epilepsy/seizure disorder heart trouble diabetes physical handicap

Please indicate current treatment, if any: \_\_\_\_\_

# Medical Release and Permission Form

5. Date of last tetanus shot: \_\_\_\_\_

Page 2 of 3

**Please Circle:**

6. Does your child wear:                      glasses                      contact lenses

7. Please list and explain any major illnesses the child experienced during the past year: \_\_\_\_\_  
\_\_\_\_\_

8. Should your child's activities be restricted for any reason?    Yes    No    Please explain and attach a doctor's note specifying the restriction : \_\_\_\_\_  
\_\_\_\_\_

**For your information, we expect each student to conform to these rules of conduct:**

- No possession or use of alcohol, drugs or tobacco
- No students can drive during a JFA mission trip without written permission from their parents
- No fighting, weapons (including firearms), fireworks, lighters, or explosives
- No offensive or immodest clothing
- No practical jokes
- No boys allowed in girls' sleeping quarters and no girls allowed in boys' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another, JFA staff and adult leaders
- Respect and comply with event schedules

I, the student, have read the rules of conduct, the above evaluation of my health, and permission to participate in JFA's mission trip. I agree to abide by the rules of conduct.

Student signature: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ has my permission to attend the mission trip  
NAME OF STUDENT

sponsored by Justice For All from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_.

This consent form gives permission to \_\_\_\_\_ to seek medical attention, if deemed  
(Name of Chaperone)

necessary, for \_\_\_\_\_, and releases Justice For All and its staff of any liability  
(Name of Student)

against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by Justice For All.

In consideration of our child's voluntary participation in the JFA Training Events, I/We hereby waive all claims of action against Justice For All, Inc. and its officers, directors, employees, and agents, all of which are collectively in this waiver and hold harmless provision referred to as "the Organization," arising out of our child's voluntary participation in the JFA Training Events and hereby release, hold harmless, and discharge the Organization from all liability in connection therewith.

Knowing, understanding, and fully appreciating all possible risk, I/We hereby expressly, voluntarily, and willingly assume all risk and dangers associated with my/our child's participation in the JFA Training Events. These risks could result in damage to property, personal and/or bodily injury or death.

I/We agree to use my/our personal medical insurance as the primary medical coverage payment if accident or injury occurs.

I/We have read this waiver and release and understand the terms used in it and their legal significance. This waiver and release is freely and voluntarily given with the understanding that right to legal recourse against the Organization is knowingly given up in return for allowing my child's participation in JFA Training Events.

My/our signature on this document is intended to bind not only ourselves but also our successors, heirs, representatives, administrators, and assigns.

In the event that my/our child is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Justice For All, I/we agree to hold such person free and harmless of any claims, demands or suits for damages arising from the giving of such consent.

I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by child's health insurance provider.

Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above.

I/we also agree that if my/our child becomes ill and if it is deemed necessary for him/her to return home, I/we agree to bring my/our child home at my/our own expense.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_