

**CHAPEL HILL CHRISTIAN & MISSIONARY ALLIANCE CHURCH STUDENT
MINISTRIES DEPARTMENT
RELEASE OF LIABILITY
MEDICAL RELEASE**

NAME: _____
ADDRESS: _____
CITY/STATE/ZIP: _____
HOME TELEPHONE NO.: _____ WORK/CELL TELEPHONE NO.: _____
E-MAIL ADDRESS: _____

MEDICAL INSURANCE CO.: _____ POLICY NO. _____
FAMILY PHYSICIAN: _____ TELEPHONE NO. _____
PERSON TO NOTIFY: _____ TELEPHONE NO. _____

I, the undersigned Parent/Guardian of _____ (Student) hereby release, acquit and discharge Chapel Hill Church of the Christian & Missionary Alliance (CHC) and the Student Ministries Department of CHC (FUSED), and any and all Pastors, staff, sponsors, representatives, employees, and/or agents of CHC and/or FUSED. from any and all liability for any and all damages, losses, illnesses and/or injuries that the above named Student may incur during any scheduled FUSED sponsored activities from June 1, 2010 through May 31, 2011. I understand that for each FUSED sponsored and scheduled event, I shall be provided a separate Parental Activity Consent Form, without which the Student will not be able to participate in any such FUSED sponsored and scheduled event.

In the event of an emergency where medical treatment is or becomes necessary and is required, then and in that event I hereby authorize the Youth Pastor, Youth Sponsor, and/or any other duly appointed representative of CHC/FUSED to consent to any emergency and other medical, dental treatment and/or diagnosis, X-ray, test, and/or hospital care, advised and supervised by a physician, surgeon, and/or dentist licensed to practice under the laws of the state where the services are rendered, either at a doctor's office, clinic, emergency care facility and/or hospital. The undersigned hereby further agrees to pay for and be responsible for any and all costs and fees associated with any such medical treatment that may be rendered to the Student as provided herein.

I hereby understand that I may revoke this authorization by notifying CHC and/or FUSED, in writing, of my desire to revoke it. However, I understand that any action already taken in reliance on this authorization cannot be reversed and my revocation will not affect those actions. I understand that the information used or disclosed by operation of this Release may be subject to re-disclosure by CHC and/or FUSED, and would then no longer be protected by federal privacy regulations. This Release is intended to be in compliance with the federal HIPAA privacy regulations.

List allergies, medications being taken and special medical problems (physical, emotional, mental, and behavioral concerns or limitations): _____

_____.

(NOTE: If there is a change in the information during the given time period, it is the parent/guardian's responsibility to inform the Chapel Hill Youth pastor of the change.)

Signed _____ Date _____
(Parent or Guardian)