



Family Ministries Medical & Event Release Form

I give permission for _____ to attend
North Canton Chapel Family Ministries events for the calendar year 2026

Parent or Guardian: _____ **Date:** _____

Medical Information & Release

Participant's Name: _____ Birth Date: ____/____/____ Gender: _____

Street Address: _____ City/State: _____ Zip: _____

Grade: _____ School: _____

Parent's Email Address for Ministry Notifications: _____

Father's Name: _____ Phone #1(____) _____ Phone #2(____) _____

Mother's Name: _____ Phone #1(____) _____ Phone #2(____) _____

Guardian Name: _____ Phone #1(____) _____ Phone #2(____) _____

If parents are divorced, who has primary custody? Mother _____ Father _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name & Relationship: _____ Phone: _____

Name & Relationship: _____ Phone: _____

Does the student have any allergies or medical conditions? If so, please describe: _____

Hospital Insurance: ____ Yes ____ No Medical Insurance Health Plan

Carrier: _____

In the following statements, North Canton Chapel refers to all authorized adult leaders within Family Ministry, both paid staff and volunteers. These statements are valid from **January 1, 2026** **December 31, 2026**

I give permission for my student, named above, to attend and participate in North Canton Chapel activities.

I give permission for North Canton Chapel to photograph my child or myself and use those photographs for future advertising.

I give permission for North Canton Chapel to transport my student during these activities.

I give permission for North Canton Chapel to make necessary decisions in any medical emergency involving my student.

I will not hold North Canton Chapel, its pastors, employees, agents, and volunteer workers responsible for payment of emergency medical treatment involving my student or liable in any way for any harm to my child during participation in activities.

The participant agrees to respect any guidelines given by North Canton Chapel related to behavior at activities. Any behavioral problems that arise are subject to appropriate disciplinary action.

Signature of Parent/Guardian: _____ **Date:** _____

If you have any questions or concerns please contact the North Canton Chapel at 330.494.3419