



Wadena Alliance Church

2024-2025

* Medical Release Form

Name of Youth Participant _____

Full Address _____

Date of Birth _____ Home Phone _____

Emergency Contact _____ Phone _____

Insurance Company _____ Policy # _____

Physician Name _____ Phone _____

Please list any medical allergies, medication being taken, medical problems, or other pertinent information:

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to Wadena Alliance Church or its representative to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being.

Signed _____ Date _____

(Parent or Legal Guardian)

Waiver of Liability Statement

I, the parent or legal guardian of the child listed below, release Wadena Alliance Church, together with any staff, adult leaders and sponsors, from any and all claims resulting from injury or damage that may be sustained by my child while participating in the activity listed below.

Name of Youth Participant _____

Activity: _____ All Events _____ Date of activity: 2024-2025 Season

Signed _____ Date _____

(Parent or Legal Guardian)



*Each student needs to fill this form out one time per year and it will be good to cover all events for that season.