

WESLEY MEMORIAL STUDENTS

2024-2025 GENERAL CONSENT & LIABILITY WAIVER

Please note that the information on this form is for the sole use of Wesley Memorial Student Ministry and is not available to any other individuals or groups. This means that we will not disclose any of the following information to another individual without your permission.

Student Details

Name: _____ Date of Birth: ___/___/_____

Address: _____

Gender: Male / Female

Email Address: _____

Phone Number: () - _____ Join text list? YES/NO

Emergency Contact Details

In the event of an emergency relating to your son/daughter please provide information below which we can use to contact you.

Contact 1: _____ Contact 2: _____

Email: _____ Email: _____

Phone Number: () - _____ Phone Number: () - _____

Medical Information - PLEASE ATTACH COPY OF INSURANCE CARD (if available)

Are there any medical conditions (i.e. allergies, epilepsy, asthma, diabetes, travel sickness, etc.) which we should be aware of?

Please give any details of special dietary needs we should be aware of (e.g. food allergies)

I, the parent or guardian, give my student permission to attend and participate in all Wesley Memorial Student Ministry activities for the 2024-2025 year. I hereby acknowledge that I have carefully read this waiver and fully understand that it is a release of liability. I expressly agree to release and discharge Wesley Memorial Church from any and all claims or causes of action. I fully understand that care will be taken to ensure the health, safety, and welfare of my child and that in the event of emergency, the appropriate guardian will be contacted immediately.

Name _____ Signature _____ Date ___/___/_____