

Emmaus Bible College

Student Information and Medical Release Form

Student's Name (please print): _____

Address: _____

Student Cell Phone: _____

Specific medical allergies, illnesses, or conditions: _____

Other contact in case of emergency

Name: _____

Home Phone number: _____

Cell Phone number: _____

Are you 18 or older? Circle one: Yes/No

If no, please have a parent or guardian fill out the bottom portion of this sheet.

For students under 18: I hereby give my permission for the above-named minor to attend Discover Emmaus Weekend activities at Emmaus Bible College and to be transported to and from any events in authorized vehicles. I authorize qualified personnel to give medical care to the above-named minor as needed. It is understood that in case of serious illness or accident, the family of the student will be notified. However, should it be impossible to reach the family member or emergency contact, I hereby empower the authorities of Emmaus Bible College to authorize any emergency operation or procedure deemed necessary.

Parent/Guardian Name (please print): _____

Parent/Guardian Signature: _____