



13775 Tesson Ferry Rd. * St. Louis, MO 63128 * 314-843-3500

2026 Release Form

Student Name: _____

D.O.B. _____ Grade: (as of Jan 2026) _____

Student's Cell Phone: _____

Student's Email: _____

Parent Name(s): _____

Parent Cell Phone(s): _____

☐ I/we give permission to text parents & students at the above listed cell phone #'s

Home Address: _____
Number & Street City State Zip

Parent's Email Address(s): _____

Alternative Person to Contact in Case of Emergency:

Name (please print) _____

Cell Phone: _____ Relationship to student: _____

(continued on back)

PERSONAL HEALTH INSURANCE INFORMATION:

Insurance Company Name: _____

Member ID# _____ POLICY#: _____

Group #: _____

Please list any medical concerns or allergies:

Medical Concerns

Allergies

I permit the use of Tylenol: _____ Yes _____ No / **I permit the use of Ibuprofen:** _____ Yes _____ No

This is to certify that my son/daughter named on the front of this form has my permission to participate in activities with Concord Student Ministries (CSM) of Concord Church, St. Louis, Missouri, from the date of my signature below until **January 31, 2027**

I give permission for my son/daughter to be **transported** to and from a CSM Student Ministry of Concord Church ministry event or activity. My child has permission to be transported to and from events or activities on either a Concord Church vehicle with an approved adult driver or on a personal vehicle owned and operated by an approved adult CSM volunteer. _____ Yes _____ No

We have adults who photograph and video our events and activities. Your son/daughter may be used digitally or in print, in photos or videos.

Do we have **permission to use your child's image?** _____ Yes _____ No

Understanding that all due care for the health and safety of all participants will be exercised, I will hold neither the church nor any of its adult supervisors responsible for any accident or illness that may occur. I hereby empower the adult leaders of this activity to secure the services of properly qualified medical personnel and to authorize the performance of any necessary medical or surgical procedures in the event of accident or illness, with the understanding that every effort will be made to contact me before such action is taken. I also will assume all financial and legal responsibilities involved.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date

Church insurance begins where the individual's health and accident insurance policy terminates and is only valid when other insurance has been extended to its limits. Concord Church's policy will provide complete coverage within its limits if there is no personal policy.