

Saint Andrew Presbyterian Church
Permission and Medical Consent with Liability Release

In order to participate in many of the activities offered by Saint Andrew, it sometimes is necessary for participants to (a) give their permission and to (b) release the church from liability. Participants are advised to keep copies of these forms for their records.

A “ Medical Consent with Liability Release” Form allows participants to give consent to participate in a specified activity as defined in the form. This form also grants church leaders the power to make health care related decisions on their behalf .

By having this type of document available, the church will be able to better deal with any types of emergency involving the participant and can avoid potential problems when, for example, arranging for medical, dental or any other type of care. This can be especially important on a church trip if a medical emergency arises when the parents may not be readily available to consent to certain emergency medical procedures. Medical personnel will also generally feel more comfortable dealing with someone who can provide this type of document.

The “Permission And Medical Consent with Liability Release” Form also releases Saint Andrew from any liability, holds them harmless and indemnifies them in the event of injury or damage.

Although the “Permission And Medical Consent” Form has a beginning and an “end/expiration” date, the participant(s) can revoke the document at any time even before the end date.

Please note that this information is not intended as and is not a substitute for legal advice. Furthermore, this information is general information that is not specific to the state of Iowa.

PERMISSION AND MEDICAL CONSENT WITH LIABILITY RELEASE

RE:

Name: _____ born on _____

Address: _____

The undersigned(s), hereby consents to the participation of _____
_____ (describe activity) conducted
by _____ (Name of "Organizer") and to the
activity on _____ through _____.

The undersigned hereby further authorize(s) any of the staff, employees, agents and representatives of Saint Andrew Presbyterian Church to provide for, approve and authorize any health care at any hospital, emergency room, doctor's office or other institution; employ any physicians, dentists, nurses, or other person whose services may be needed for such health care; review and if necessary disclose the contents of any medical records; execute any consent form required by medical, dental or other health authorities incident to the provision of medical, surgical or dental care to the child. Health care shall include but not be limited to the administration of anesthesia, X-ray examination, performance of operations, diagnostic, and other procedures.

If there is no medical emergency, the guardian will first use reasonable efforts to contact the parent(s) and/or guardian(s) before administering or authorizing any treatment.

Notwithstanding other provisions in this Consent Form, Organizer shall not have the authority to withhold or withdraw life-sustaining procedures for the Child.

The undersigned assume(s) all risk of injury or harm to the Child associated with participation in the Activity and agree(s) to releases, indemnify, defend and forever discharge Saint Andrew Presbyterian Church and its staff, employees and agents (collectively the "Organizer") of and from all liability, claims, demands, damages, costs, expenses, actions and causes of action (collectively the "Claims") in respect of death, injury, loss or damage to the participant or by the participant, howsoever caused, arising or to arise by reason of or during participation in the Activity.

This Consent Form may be revoked at any time before the expiration date with written notice to Organizer.

Signed on _____ (date), at _____ (city), _____ (state).

Signature

Care Information and Instructions

Name:
Nickname:
Age:

Other Contacts

Wife's Name:	
Husband's Name:	
Address	
Home#	Work#
Cell#	Other#

Second Contact Name:	
Relationship:	Phone Number:

Third Contact Name:	
Relationship:	Phone Number:

Medical/Health/Insurance Care Information

Doctor's Name:	
Address:	
Office Telephone:	After Hours Number:

Health Insurance Company:	
Group or Policy Number:	
Telephone Number:	

Medications:
Allergies:
Immunizations:
Special Conditions: