

2017 Event Medical Release & Permission Form

Effective dates: JANUARY 2017 TO DECEMBER 2017

Please print in ink

Name: _____ Age: _____ Birthday: _____
Last First

Grade: _____ Male: _____ Female: _____ E-mail: _____

Address: _____ City: _____ State _____ Zip: _____

Home Phone _____ Cell Phone: _____

Mother's Name: _____ Mother's Cell Phone: _____

Father's Name: _____ Father's Cell Phone: _____

Emergency Contact: _____ Cell Phone: _____

Medical Information

Medical Insurance Company: _____ Policy Number: _____

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken. Students are responsible for managing their own medications unless it's absolutely necessary to have an adult assist them.

Allergies: _____

Food Allergies: _____

Does your student swim? Yes _____ No _____

_____ has my permission to attend all youth activities

NAME OF STUDENT

sponsored by **Chapin United Methodist Church** (hereinafter the "Church") from January 2017 to December 2017.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent Signature: _____ Date: _____