

St. Andrew's By-the-Sea United Methodist Church Medical Release and Permission Form

STUDENT NAME: _____

MEDICAL HISTORY

Medical insurance company _____ Policy # _____
Physician _____ Office Phone _____
Dentist _____ Office Phone _____
Medications _____ Dosage _____
Allergies _____ Conditions _____
Physical Disabilities _____
Special needs _____

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.

Should this child's activities be restricted for any reason? Yes No

If yes, please explain: _____

PERMISSION AND RELEASE

_____ has my permission to attend all children's activities sponsored by
Name of Student
St. Andrew's By-the-Sea United Methodist Church (hereinafter the "Church") from May 1, 2006
Name of Organization Date
to September 5, 2006.
Date

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 and my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parent/guardian signature: _____ Date: _____

Printed Name: _____