

Parent/Guardian Consent – Medical Release Form

Name of Participant \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Medical and Insurance Information

Family Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Check applicable box and give appropriate information below:

- None
- Allergies
- Insects \_\_\_\_\_
- Medicines \_\_\_\_\_
- Asthma
- Bronchitis
- Diabetes
- Dizziness
- Heart Trouble
- Kidney Trouble
- Sinusitis
- Stomach Upset
- Other \_\_\_\_\_
- Immunizations
  - Tetanus: Date received \_\_\_\_\_
  - Typhoid: Date received \_\_\_\_\_

List any prescription drugs the student will be taking while on trip; state frequency and dosage for each.

\_\_\_\_\_  
\_\_\_\_\_

Emergency Contact other than parent/guardian \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Permission

I, \_\_\_\_\_ (parent/guardian), hereby give permission for \_\_\_\_\_ (student) to travel with \_\_\_\_\_ (church) to \_\_\_\_\_ (destination) during the following dates \_\_\_\_\_.

- I do hereby verify that the information below is correct and grant permission for the church to obtain medical attention in case of sickness or injury to my student.
- I hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by the church for the welfare of my student until you are able to reach me personally.
- I also hereby release, absolve, indemnify, hold harmless, and forever discharge the church, the organizers, sponsors, and supervisors from any and all claims, demands, actions, or cause of actions, past, present, or future arising out of injury or damage while participating on this trip.
- I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the area. In case of the injury to my student, I hereby waive all claims against the organizers, the sponsors, or any supervisors appointed by them. I likewise release from responsibility any person transporting my student to and from the activities.
- I agree to provide medical insurance for my student.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Notary

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ (parent/guardian) personally appeared before me in \_\_\_\_\_ County, in the state of \_\_\_\_\_, and in my presence executed the within and foregoing permission and release form. Witness my hand and official seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. My commission expires \_\_\_\_\_.

Signature Notary Public \_\_\_\_\_