

First Church of Christ Children's and Youth Ministry Medical Release

Parents, please fill out and return to person in charge of activity or to the church office.

Student's Name _____ Today's Date _____

Medical Information

Youth's Physician _____ Phone _____

Address _____

Insurance Company _____ Policy # _____

Name of Primary Insured _____

Health History (Please check all that apply)

Frequent colds _____

Seizure disorders _____

Physical disability _____

Sleep disturbances _____

Stomach upsets _____

Diabetes _____

Learning disability _____

Allergies _____

Motion sickness _____

Asthma _____

Vision/hearing impaired _____

Emotional/Behavioral disability _____

Appliances (contact lenses, retainers, etc. _____

Other _____

Date of last tetanus shot _____

If any of the above are checked, please provide important details (attach separate page if needed)

Is youth taking a prescription or non-prescription medication? **Yes No**

If yes, please provide the following:

Medication _____ Dosage and time(s) administered _____

Medication _____ Dosage and time(s) administered _____

If there are more medications, please list them on a separate sheet of paper and attach to this form.

Can your youth independently take the proper dosage of medication at the correct times? **Yes No**

If no, please contact the adult in charge to make appropriate arrangements.

I give my child permission to administer his/her own medication X _____
(Parent's signature)

STATEMENT OF CONSENT

I do hereby consent to an x-ray exam, anesthetic, medical diagnosis or treatment, and hospital services that may be rendered to said minor under the general or specific instruction of _____ (youth's physician) or, if unavailable, the attending physician at a hospital or clinic. I understand that in an emergency, whenever possible, an attempt will be made to communicate with me prior to use of this permission and understand that this consent is in advance of any specific diagnosis or treatment, and is given to encourage those persons who have temporary custody of my child, in my absence, and said physician to exercise their best judgment as to the requirements of such diagnosis or said medical treatment. I understand that any and all medical expenses incurred are my responsibility, and that there is no medical coverage provided by First Church of Christ.

Signature of parent/guardian _____ Date _____

FIRST CHURCH OF CHRIST YOUTH PERMISSION SLIP

I hereby give my son/daughter, _____, permission to attend the Youth trip to _____ on the date of _____. I/We, the undersigned parent(s) and/or natural guardian(s) of _____, a minor, do hereby authorize my child's adult leader (and/or any other adult appointed or designated by him/her)

- (i.) to consent to medical surgical and dental care for such minor child
- (ii.) to consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be considered therapeutically necessary by the physician, surgeon, dentist, or other health care personnel providing care for such minor child, and
- (iii.) on my/our behalf, to
 - (a) employ physicians, surgeons, dentists, nurses, and other health care personnel as may be deemed necessary for such minor child,
 - (b.) admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or diagnostic facility for examination, treatment, surgery, or care and
 - (c) sign all necessary consents and authorizations.

It is understood that this authorization is given in advance of the occurrence of any condition or situation which would necessitate any such medical, surgical, or dental care being required but is given to provide authority to obtain such care if it should be required. I fully understand the consequences of the foregoing statements and sign this *YOUTH PERMISSION SLIP* knowingly, freely, and willingly.

I understand that I have a duty to provide primary accident and medical insurance for myself (or for my child) and I declare that I am (or my child is) covered by primary accident and medical insurance.

I release and forever discharge First Church of Christ, Sault Sainte Marie, Michigan, their agents and servants, successors and assigns, directors, trustees, officers, employees, and other representatives from any and all damages and causes of action either at law or in equity that I may have as a result of my (or my child's) participation in, attendance at, and travel to and from the event. Furthermore, I do hereby expressly stipulate and agree to indemnify and hold forever harmless at First Church of Christ, its agents and servants, successors, and assigns, directors, officers, employees, and other representatives against loss from any and all present or future claims, demands, or actions in law or in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child, or by anyone else on their own behalf for damages or any other legal or equitable remedy on account of any injury, illness, physical condition, inconvenience, or loss sustained by me or my child during this event or travel to and from the same.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

PARENT/GUARDIAN OF PARTICIPANT

DATE

PARENT/GUARDIAN OF PARTICIPANT

Parent or Guardian Names: _____

Address: _____ Phone #: _____