

PROVIDENCE CHURCH MINISTRIES

2009-2010 Medical Consent and Release Form

Please complete the following form for **each** child involved in Children's or Youth Ministries at Providence Church. This form will be kept on file for emergency and insurance purposes.

TO BE COMPLETED BY PARENT/GUARDIAN. PLEASE PRINT AND USE BLACK OR BLUE INK. COMPLETE BOTH SIDES!

Student's Name: _____ Female Male

first name
middle name
last name

STUDENT INFORMATION

Street Address: _____ Home Phone Number: () _____
 City, State and Zip: _____ Birthday (including year): _____ / _____ / 19 _____
 School: _____ Grade: _____
 Student Email: _____ Age: _____

PARENT/GUARDIAN INFORMATION

Student lives with: Mother and Father Mother Father Other: _____
 Mother's / Stepmother's Name (circle one): _____ Email Address: _____
 Home Phone Number: () _____ Mobile Phone Number: () _____
 Employer: _____ Work Phone Number: () _____
 Father's / Stepfather's Name (circle one): _____ Email Address: _____
 Home Phone Number: () _____ Mobile Phone Number: () _____
 Employer: _____ Work Phone Number: () _____

EMERGENCY CONTACT INFORMATION

In the event of an emergency, if a parent/guardian cannot be reached, please attempt to contact:

Name: _____ Relationship: _____
 Home Phone Number: () _____ Mobile Phone Number: () _____
 Family Physician: _____ Phone Number: () _____
 Family Dentist: _____ Phone Number: () _____

INSURANCE INFORMATION

Insurance Company: _____ Phone Number: () _____
 Policy Number: _____ Group Number: _____

HEALTH INFORMATION

If applicable, please describe in detail the nature and severity of any physical and/or psychological ailment, illness, weakness, limitation, handicap, disability or condition to which your child is subject and of which Providence Church staff/volunteers should be aware, and what, if any, action of protection is required on account thereof. Please submit this notification in writing and attach it to this form.

Q Does your child regularly take medications? yes no If "yes", for what: _____

Name of medication and dosage: _____

Name of medication and dosage: _____

Can your child possess and take this medication on his/her own? yes no

comments:

HEALTH INFORMATION, cont.**Medical Consent and Release Form, Page 2**

Q Does your child have allergies to:

pollens medications food insect bites other: _____

comments:

Q Does your child have any medical/psychological conditions that we should be aware of? yes no

comments:

Q Has your child recently experienced any major illness or injury that we should be aware of? yes no

comments:

Q Should your child's activities be restricted for any reason? yes no

comments:

Date of last tetanus shot (if known): _____ Child's blood type (if known): _____

PERMISSION FOR PARTICIPATION

I/We, the undersigned, have legal custody of the minor child named above. I/We give our consent for him/her to attend and/or participate in ministries, events, programs, functions, trips, retreat and any/all activities sponsored by, connected with or related to Providence Church.

RELEASE OF LIABILITY

I/We, the undersigned, have legal custody of the minor child named above. I/We understand that all reasonable safety precautions will be taken at all times by Providence Church representatives and it agents during events and activities. I/We trust and expect representatives of Providence Church will do all within their means to guard the physical, emotional and spiritual well-being of my/our child in all situations. At the same time, I/we acknowledge that there are inherent risks involved in any ministry or athletic trip or event, and understand the possibility of unforeseen hazards. By signing this document, on behalf of myself/ourselves and my/our minor child, I/we hereby release and forever discharge Providence Church, its officers, directors, pastors, employees, volunteer workers, agents and any parties volunteering on behalf of Providence Church from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our minor child's involvement. I/We understand that this document is a full and complete release of all claims for personal or bodily injury and property damage which my/our minor child might sustain as the result of his/her attendance and/or participation in any Providence Church activity, regardless of the specific cause thereof.

PERMISSION FOR MEDICAL TREATMENT

I/We, the undersigned, have legal custody of the minor child named above, and I/we temporarily entrust my/our child to the care of Providence Church and its adult staff members while attending and/or participating in Providence Church sponsored activities and events. In the event that my/our child becomes ill and/or is injured and requires the attention of a medical care provider, I/we understand that every reasonable attempt will be made to contact me/us. If I/we cannot be reached, I/we authorize Providence Church and the adult members of its staff to consent to any x-ray examination, anesthetic, medical and/or surgical diagnosis and/or treatment, hospital care and/or dental care for my/our minor child which is recommended by a licensed medical care provider and which will be performed by a licensed medical care provider, licensed within the state or country where the services are to be performed. I/We further authorize any hospital which has provided treatment to my/our minor child to return physical custody of my/our minor child to Providence Church and its adult staff members when treatment is completed.

In the event treatment is required from a physician and/or hospital personnel designated by representatives of Providence 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 acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be covered and/or reimbursed by health insurance providers.

ADDITIONAL AUTHORIZATIONS/AGREEMENTS

I/We, the undersigned, have legal custody of the minor child named above. I/We hereby authorize Providence Church to occasionally transport my/our minor child to/from Providence Church and to/from Providence Church events, activities and trips. I/We understand that my/our minor child may be transported in 12-passenger vans, 15-passenger vans and/or personal or cargo vehicles. I/We also give our permission to use photo and/or video images of my/our child in Providence Church publicity.

THIS AUTHORIZATION SHALL REMAIN EFFECTIVE FROM THE DATE SIGNED TO AUGUST 31, 2010 OR SOONER UNLESS REVOKED IN WRITING AND DELIVERED TO PROVIDENCE CHURCH.

By signing below I acknowledge that I have read, I understand and I accept all the terms of this document.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____