

Annual Medical Release and Consent - 2017/2018 (under 18)

Broad Street United Methodist Church

This form will NOT be accepted unless it is complete and notarized. Please use separate forms for each student.

STUDENT FULL NAME _____ BIRTHDATE _____ AGE _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

STUDENT CELL _____ SCHOOL/GRADE _____

STUDENT'S PHOTO MAY BE USED FOR PROMO PURPOSES? Yes/NO STUDENT T-SHIRT (ADULT SIZES) _____

*FATHER'S NAME _____ *FATHER'S EMAIL _____

*FATHER'S PHONE: (H) _____ (W) _____ (C) _____ TEXTS? YES NO

*MOTHER'S NAME _____ *MOTHER'S EMAIL _____

*MOTHER'S PHONE: (H) _____ (W) _____ (C) _____ TEXTS? YES NO

*OR MALE/FEMALE GUARDIAN IF APPLICABLE

SECONDARY EMERGENCY CONTACT NAME _____ RELATIONSHIP _____

EMERGENCY CONTACT PHONE: (H) _____ (W) _____ (C) _____

HEALTH INSURANCE COMPANY _____ POLICY HOLDER _____

PLEASE ATTACH COPY OF INSURANCE CARD

GROUP NUMBER _____ POLICY NUMBER _____

DATE OF LAST TETANUS SHOT _____ ARE ALL IMMUNIZATIONS UP TO DATE? _____

LIST ALL ALLERGIES _____

CURRENT MEDICATIONS _____

We (I), the undersigned, authorize and direct BSUMC to administer reasonable and necessary emergency care including the administration of over the counter drugs (OTCD) if indicated and verified that the child is not allergic to any OTCD EXCEPT:

PLEASE INITIAL

IF NO RESTRICTIONS, ENTER "NONE."

SPECIAL HEALTH NEEDS, CONDITIONS OR LIMITATIONS _____

We (I), the undersigned parent/guardian, do hereby represent to Broad Street United Methodist Church, its agents and employees that we have full authority to execute a medical consent release form on behalf of the above named child.

We (I), the undersigned parent/guardian, do hereby give permission for the above named child to attend and participate in all activities, events, special trips, camps and programs sponsored by Broad Street United Methodist Church.

We (I), acknowledge that there are inherent and understood risks of personal injury involved in any activity or event. In the event of injury, we (I), the undersigned parent/guardian, authorize any adult person in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act or the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or a said hospital.

We (I), the undersigned parent/guardian, shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned youth pursuant to this authorization and further agree(s) to indemnify and hold harmless Broad Street United Methodist Church, its agent and employees, from any and all claims for medical expense and/or injury that may arise as a result of participation in activities sponsored by Broad Street United Methodist Church.

We (I), the undersigned parent/guardian, do also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Broad Street United Methodist Church. We(I) also agree to bring our(my) child home at our(my) own expense if he/she becomes ill or if deemed necessary by church staff.

PARENT OR GUARDIAN SIGNATURE _____ DATE _____

SIGNATURE OF NOTARY PUBLIC _____

SIGNED BEFORE ME ON THIS DATE _____

MY COMMISSION EXPIRES _____