

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 participant 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 _____

(participant) 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 participant.
- I hereby grant permission for an attending physician or hospital to perform whatever care deemed necessary by the church for the welfare of my participant 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 injury to my participant, 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 participant to and from the activities.
- I agree to provide medical insurance for my participant.

Signature of Parent/Guardian _____ Date _____

Notary

Commonwealth of Pennsylvania

County of _____

On this _____ day of _____, 20____, _____ (parent/guardian) personally appeared before me, with identification made by _____ (state) drivers license number _____ and, in my presence executed the within and foregoing medical release form.

In witness whereof I have hereunto set my hand and seal the day and date first above set forth.

_____(SEAL)
Notary Public