

PARENTAL Consent & MEDICAL Release FORM

Child's Name: _____ Contact Person: _____

Address: _____ Home Number (_____) _____ - _____

_____ Work Number (_____) _____ - _____

The undersigned does hereby give permission for our (my) child, _____

to attend and participate in activities sponsored by _____ on _____ / _____ / _____.

Church's Name Child's Name Date

Medical Permission

I give permission for adult leaders/volunteers to administer emergency treatment, contact emergency personnel, and act in my stead in approving necessary medical care until I can reasonably be contacted. I understand that should any medical bills be incurred, our family's insurance(s) will be primary and the Oregon Conference general liability insurance (Risk Management) will be secondary, up to a maximum of \$5,000 for one year from the injury date.

- Yes Hospital Insurance Participant _____
- No Hospital Insurance

Insurance Co: _____ Father _____

Policy Number _____ Mother _____

Emergency Ph. No (_____) _____ - _____ Legal Guardian _____

Tetanus/Immunization Status (within 5 years)

Allergies: Please list all allergies your child has:

Medications: Please list all medications your child takes:

I, on behalf of myself, my spouse, next of kin, executors, heirs, assigns, or anyone else who might claim or sue on my or my child's behalf, fully release and agree not to sue the Oregon Conference of Seventh-day Adventists and any of its agents, employees, and/or volunteers from any and all liability, including but not limited to any claims, losses, or liabilities due to death, personal injury, disability, property damage, medical expenses, and/or theft, that may arise from or relate to my child's participation in the event, and/or any provision of medical care.

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Name – please print)

(Cell or Daytime Phone) (Nighttime Phone)