

MEDICAL RELEASE AND PERMISSION – Springbrook Community Church

10115 Algonquin Rd. Huntley IL

Effective Dates 1-1-09 to 12-31-09

Please print in ink:

First Name _____ Middle _____ Last _____

Year In School _____ Gender _____ Age _____ Birthday _____

Home Phone # _____

Address _____ City _____ State _____ Zip _____

Parent Email _____ Parent Cell _____

Student Email _____ Student Cell _____

Parents names : _____

Emergency Contact Name _____ Phone # _____

MEDICAL INFORMATION

Health Insurance Provider _____ Policy # _____

Physician _____ Phone _____

Dentist _____ Phone _____

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications, times, and dosages.

Food Allergies _____

Medical Allergies _____

Current Medications _____

Last Tetanus shot _____ Swimming ability, (poor, average, excellent) _____

Major illnesses in the last year _____

Additional comments or information _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and give our consent for him/her to attend events being organized by the church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to the person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician, nurse, or ambulatory personnel. In the event treatment is required from a physician and/or hospital personnel designated by the 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 also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member for any reason.

Parent/Guardian signature: _____ Date: _____