

Medical Release & Permission Form

Effective dates: September 1, 2008 to September 1, 2009

Please print in ink

Name: _____ Age: _____ Birthday: _____
Last First Middle

School: _____ Year : _____ Male Female E-mail: _____ I.M. Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Pager/Cell: _____

Medical Insurance Company: _____ Policy #: _____

****Please attach a copy of your medical insurance card****

Mother's Name: _____ Phone: Home _____ Work: _____

Father's Name: _____ Phone: Home _____ Work: _____

Emergency Contact: _____ Phone: Home _____ Work: _____

Physician: _____ Office Phone: _____

Medical History

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 and dosages that must be taken.

Check the following area of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a—
 good swimmer fair swimmer non-swimmer

2. Please list all known allergies (including those to food, insect bites, and medications):

3. Date of last tetanus shot: _____

4. Does your child wear glasses: glasses contact lenses

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Medical History Continued

5. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

asthma epilepsy/seizure disorder heart trouble

diabetes stomach problems physical handicap

6. Does your child have any special dietary concerns? _____

7. Please list and explain any major illnesses your child experienced during the last year:

Additional Comments: _____

Should this child's activities be restricted for any reason? Please explain: _____

_____ has my permission to attend all youth activities sponsored by
student's name

Brevard-Davidson River Presbyterian Church, in Brevard, NC (hereinafter the "church") from
September 15, 2007 to September 15, 2008.

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, roller-skating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides, construction and repair work. Note: If you desire to limit your child's participation in any event, please submit your wishes in writing to the Church director of youth prior to that event.

This consent 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 have given 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 hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to 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. 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 director of youth or other staff member.

Parent/Guardian signature: _____ **Date:** _____