

Medical Release and Permission Form: 2017/2018

Grade \_\_\_\_\_

Students Name \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone # \_\_\_\_\_

EMERGENCY CONTACT INFORMATION

Father's Name \_\_\_\_\_ Wk. # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Mother's Name \_\_\_\_\_ Wk. # \_\_\_\_\_ Cell # \_\_\_\_\_ Email \_\_\_\_\_

Address if different \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

If you have medical insurance, your carrier will be billed for medical charges, in the case of illness or injury while your child is at the activity.

Do you have health insurance \_\_\_\_\_ yes \_\_\_\_\_ no In whose name is the insurance \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Family Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_ Group# \_\_\_\_\_

Medical History

(Check all appropriate information)

\_\_\_\_Asthma \_\_\_\_ Sinusitis \_\_\_\_ Bronchitis \_\_\_\_Kidney trouble \_\_\_\_Heart trouble \_\_\_\_Diabetes \_\_\_\_Dizziness \_\_\_\_Stomach Upset  
\_\_\_\_Hay Fever \_\_\_\_ADD \_\_\_\_ADHD \_\_\_\_Rheumatic fever \_\_\_\_Insect Sting/Bites \_\_\_\_Epilepsy \_\_\_\_ Physical Handicap Has Had:  
\_\_\_\_Chicken Pox \_\_\_\_Measles \_\_\_\_Mumps \_\_\_\_Whooping Cough

Other: \_\_\_\_\_ Pre existing or present medical conditions: \_\_\_\_\_

Allergies: Foods: \_\_\_\_\_ Medications: \_\_\_\_\_ Special Diet (Name): \_\_\_\_\_

Serious injuries or operations to date: \_\_\_\_\_ Date of last Tetanus shot/ booster: \_\_\_\_\_

Restricted Activities: \_\_\_\_\_Swimming Restrictions \_\_\_\_\_

**IMPORTANT:** Please notify the Pastor if your child has been exposed to any communicable disease during the three weeks prior to the activity.

This health history is correct so far as I know, and the person herein named has permission to engage in all activities unless specified under "Restricted Activities." I testify that my child is of good physical and mental health and is capable of participating in the activities, and that St. John Maron Church may reasonably rely upon all information contained herein. If medical treatment is necessary, I hereby give permission to St. John Maron Church sponsor, to secure proper medical treatment which may include, but not be limited to, hospitalization, surgery, ordering of injection, anesthesia, etc. for the person named at the of this form, regardless of whether I am present at the particular activity. I hereby acknowledge and agree that neither St. John Maron Church nor any of its employees, representatives, affiliate entities or agents will in any way, shape or form be held responsible or liable for any injuries or damages arising out of any such treatment, and that my child/minor of whom I am the legal guardian, as well as any of our family members, agents and representatives, shall assume any and all responsibility and liability for such.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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Continue on the back.

Authorization

My child \_\_\_\_\_ has permission to travel with St. John Maron Church and/or attend all 2017/2018 Student Activities sponsored by the Church. While I understand that the Church will take all reasonable steps to provide individual care and safety for my child, I am aware that neither the Church nor its employees, representatives, affiliate entities or agents cannot assume any responsibility for an injury, damage or harm which might result during the course of any activity during any functions so sponsored, or any travel to and from any locations where such activities may take place. In consideration for permitting my child to attend and participate in any and all Church sponsored activities or functions, I agree that full responsibility and liability will remain with me, as parent or guardian of my child, and that I hereby hold the Church, its employees, representatives, affiliate entities and agents entirely harmless from any such injury, damage or harm, save any injury, damage or harm which is caused by the Church's sole negligence. Should any claim, action, lawsuit, or proceeding in any forum be asserted by any third party against the Church as the result of the acts of me, my child/minor of whom I am the legal guardian, or any members of our family, or as the result of any claim, action, lawsuit or proceeding brought by me, my child/minor of whom I am the guardian, or any member of our famil(ies) against the Church or its employees, representatives, affiliate entities or agents, I agree to wholly indemnify and hold the Church harmless from any such claim, action, lawsuit or proceeding, including payment of any and all attorney fees and costs incurred by the Church in defense thereof, except to the extent any such claim, action, lawsuit or proceeding is the result of the Church's sole negligence.

I further acknowledge that I have been afforded the opportunity by the Church to seek independent legal counsel in regard to the liabilities established herein.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_