



# Bethesda Presbyterian Church

Youth, Children, & Family Ministry

### Release & Medical Information Forms

\_\_\_\_\_ has my permission to attend all children's / youth activities and sports sponsored by Bethesda Presbyterian Church from June 1, 2011 through May 31, 2012.

- Having legal custody of the student named above, I give my consent to obtain medical attention deemed necessary by the Youth Staff, Adult Leaders or medical facility.
  - In the event that my child becomes ill or injured while participating in a sanctioned event at Bethesda Presbyterian Church under a youth or children's leader, I approve the volunteer or staff taking the following steps:
    - Contact the parent or guardian and follow his or her instructions.
    - In the event of an emergency when neither a parent, legal guardian, nor emergency contact can be reached immediately, the Bethesda Presbyterian Church volunteers and staff are hereby authorized to use their best judgment in contacting a properly licensed physician or in transporting my child to the nearest hospital for consultation and / or treatment. Bethesda Presbyterian Church volunteers or staff will provide transportation or if they deem it necessary, will call an ambulance.
    - If, in the opinion of a licensed practicing physician, my child needs immediate medical or surgical services which require my consent before being supplied and I cannot be reached, I authorize, appoint, and empower the Bethesda Presbyterian Church volunteer or staff with my child to furnish on my behalf such written or oral authorization as may be required.
    - Furthermore, I release Bethesda Presbyterian Church and any of its staff, officers, and volunteers from any liability that may arise from the giving of such authorization, it being my desire that my child be furnished such medical or surgical services as soon as possible after the need arises. I agree to be responsible for all medical services that result from the above treatment without my consent.
- I also acknowledge responsibility for the cost of any medical care not reimbursed by my health insurance provider. I agree to reimburse all expenses for my child having to be returned home because of illness or disciplinary reasons.
- I further understand that there are inherent risks involved in any ministry or event/activity and release the Church, its staff, and volunteers of any liability against personal loss.
- I, the undersigned, do hereby release and forever discharge all staff, officers, and volunteers of Bethesda Presbyterian Church in York, South Carolina from any and all claims, demands, actions or cause of action, past-present-or future existing out of any damage or injury while participating in activities with this children & youth ministry.
- Bethesda Presbyterian Church will not be held liable for damage to any personal property including but not limited to personal sports equipment, cell phones, iPods, etc.
- I understand that the church bus or other personal vehicles may be used to transport my child. I accept full responsibility if my child (if driving age) drives his or her personal vehicle to activities, games, or practices.
- I understand that activities after practices, games, or other activities may not be sanctioned by Bethesda Presbyterian Church and will not hold the church liable if my child attends. If such events are planned by volunteers or staff of Bethesda Presbyterian Church, parents or guardians will be notified.
- I grant permission for pictures or videos taken of my child while attending church activities or events to be displayed or used in future services or promotions including the church websites and the Bethesda Children & Youth Ministries Facebook page.

Parent's Printed Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Medical Information\*\***

Effective Dates: June 1, 2011 through May 31, 2012

Full Name: \_\_\_\_\_ Birthday \_\_\_\_\_

Age \_\_\_\_\_ Current Grade \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Wk Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Physician \_\_\_\_\_ Office Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**\*\*Must provide a current copy of insurance card.**

Allergies:

Food: \_\_\_\_\_ Insect Stings/Bites \_\_\_\_\_

Medication: \_\_\_\_\_ Poison Oak, Ivy etc: \_\_\_\_\_

Current Medical Conditions: \_\_\_\_\_

\_\_\_\_\_

Does this student wear: Glasses \_\_\_\_\_ Contacts \_\_\_\_\_ Dental Appliances \_\_\_\_\_

Previous Operations or Serious Illness:

\_\_\_\_\_

\_\_\_\_\_

Should this student's activities be restricted for any reason? \_\_\_\_\_

\_\_\_\_\_

There are times when the student ministry events/activities can be very strenuous, requiring a great deal of movement and exertion. If you desire to limit your child's participation in any event/activity, please submit your wishes in writing to the Children's & Youth Director or Volunteer Leader prior to the event.

\*\* If a child attends an out of town trip without his or her parent or guardian attending, family medical history will be collected in case of emergency.