

SJD Tweens: Student Medical Consent and Release Form

My child, _____, has my permission to attend and participate in any SJD tweens event or activity from August 1, 2013-August 1, 2014. I represent that my child is healthy and capable of participating in all activities without causing risk of danger, illness, or accident to himself/herself, or to others.

I agree to hold harmless the leaders of the church in the event of any accident or injury. In the event that my child requires medical attention while participating in an SJD event, I understand that an adult sponsor of the trip/event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.

I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.

Parent/Guardian Signature _____ Date _____

Relationship to participant _____

CONTACT INFORMATION:

Parent/Guardian: _____

Address: _____

Home Phone: _____ Work Phone _____ Cell Phone: _____

Emergency contact name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Child's Physician: _____ Address: _____ Phone: _____

MEDICAL INSURANCE INFORMATION:

Company: _____ Phone Number: _____

Name of Insured: _____ Policy Number: _____ Group Number: _____

Child's allergies to medications: _____

Other allergies or conditions: _____

Comments: _____

My Child May Receive (Circle those which apply): Does your child prefer medication in pill or liquid form?

Advil Tylenol Aleve Pepto Bismol Benadryl Sudafed

Does your child prefer medication in pill or liquid form? (Circle one)
(Please include a copy of both sides of insurance card with medical form)