

Covenant Presbyterian Family Ministries Medical Release and Consent Form

Student's Name _____ D.O.B. _____
Address _____
City _____ State _____ Zip _____ Phone _____

Parent/Guardian Information: Student lives with: [] Mother [] Father [] Both [] Guardian

Father's Name: _____ Home #: _____ Cell # _____

Employed by: _____ Work #: _____

Mother's Name: _____ Home #: _____ Cell # _____

Employed by: _____ Work # _____

Guardian's Name: _____ Home #: _____ Cell #: _____

Employed by: _____ Work #: _____

Emergency Contact (Other than Parent/Guardian): _____

Relationship: _____ Phone #: _____

Medical Information: Insurance company _____

Family Physician: _____ Policy # _____

Phone #: _____ Group # _____

Allergies/Medications

Medical Release and Consent: Should medical attention be required the undersigned does hereby give permission for our/my child to participate in all events sponsored by Covenant Presbyterian Church. Additionally, I/we accept all the terms of this consent as described below: In the event that my/our child incurs any injury or illness during an activity, I hereby authorize an official Covenant Church Sponsor to use first aid as deemed necessary; AND to provide over-the-counter medications when used in accordance to the medication's indications and instructions. In the event of an emergency, and medical attention is required, and We (I) cannot be reached We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis and/or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. We (I) understand that there are inherent risks involved in any ministry or athletic event, and we (I) hereby release Covenant Church, it's 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 our (my) child's involvement. I understand that every effort will be made by a representative of Covenant Presbyterian Church to contact us (me) in the event that the above should be necessary.

Father/Guardian ' s Signature

Date

Mother/Guardian ' s Signature

Date