

Church of the Good Shepherd Medical Release and Liability Form

Effective dates: September 2009 to August 2010

Name of participant _____
 Age of participant _____ Birthday _____
 Grade _____ School _____

Name of Legal Guardians _____
 Address _____
 Phone _____ Cell Phone / Pager _____
 E-mail _____

Medical insurance company _____ Policy # _____

Emergency Contact

Name _____
 Phone Number _____ Relationship to child _____

Physician _____ Office Phone _____
 Dentist _____ 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.

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

1. Does your child have allergies to: pollens medications food insect bites
2. 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	EBD
ADHD	Aspergers	Autism	Frequently upset stomach	ODD
Allergies	Anxiety/Depression	Learning Disability	Genetic Syndrome (e.g. Down)	ADD
Physical Disability				
RAD				
OCD				

3. Please explain any of the above circled items

4. Date of last tetanus shot:

5. Direction for medications if needed

6. Should this child's activities be restricted for any reason? Please explain.

The Church of the Good Shepherd minimally expects each student to:

- ❖ Respect property
- ❖ Respect planned activities
- ❖ Respect one another, staff and adult leaders
- ❖ Participate with the group

Activities may include, but are not limited to: crafts, Bible study, painting, dancing, running, jumping, climbing, play in the Fellowship Hall. *Note: If you desire to limit your child's participation in any event, please submit your wishes to the church Education Director prior to that event.*

Functions and Activities

I understand that participating in programs, recreation and other activities of the Church of the Good Shepherd United Methodist is a privilege. Prior to my participation in such activities, I acknowledge that there are certain risks associated with these activities, including, by way of example, physical injury due to activity-related accidents, physical injury, due to transportation-related accidents, illness or even death. In addition, I acknowledge that there may be other risks inherent in these activities of which I may not be presently aware.

Release of Liability

By signing this Permission and Waiver form, I expressly warrant that this child named above or I, if I am a participant, am capable of withstanding both the physical and mental demands of these activities. I also expressly assume all risks to the child or me participating in the activities, whether such risks are known or unknown to me at this time. I further release the church and its ministers, leaders, employees, volunteers and agents from any claim that my child may have or that I may against them as a result of injury of illness incurred during the course of participation in these activities. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives or assigns may have against the church or its ministers, leaders, employees, volunteers, or agents. I further agree to indemnify and hold harmless the church and its ministers, leaders, employees, volunteers, or agents from any and all claims arising from my participation in its activities and programs, or as a result of injury or illness of my child during such activities.

First Aid and Emergency Medical Treatment

I recognize that there may be occasions where the child named above or I, if I am a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for agents of the church to seek and secure any needed medical attention or treatment for the child names above or me, if I am a participant, including hospitalization, if in the agent's opinion such need arises. In doing so, I agree to pay all fees and costs arising from this action to obtain medical treatment. I give permission for attending physician(s) and other medical personnel to administer any needed medical treatment, including surgery and, again, I agree to pay for the medical treatment.

I represent that I am the parent/guardian of the child listed above, who is under 18 years of age. I have read the above permission and waiver form and am fully familiar with the contents thereof. I give permission for the child named above to participate in the activities of this church, including any special events/activities described above. I hereby consent to the Permission and Waiver Form, including the Release of Liability above, on behalf of the child, and agree that this Permission and Waiver Form shall be binding upon me and my estate. I realize that if my child breaks the covenant, he or she is subject to be sent home.

Signature of Parent or Legal Guardian _____
Print Name of Parent of Legal Guardian _____
Date _____