

Eastminster Church Student Medical Release Form 2019 - 2020

Valid June 1, 2019 - June 1, 2020

MINOR(S) INFORMATION (please print):

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone (if applicable): _____

1) Full Name of Student: _____

Sex: _____ Date of Birth: ____/____/____ Grade: _____ School: _____

Do minor(s) have any drug and/or food allergies? Yes No

If yes, please describe: _____

2) Full Name of Student: _____

Sex: _____ Date of Birth: ____/____/____ Grade: _____ School: _____

Do minor(s) have any drug and/or food allergies? Yes No

If yes, please describe: _____

3) Full Name of Student: _____

Sex: _____ Date of Birth: ____/____/____ Grade: _____ School: _____

Do minor(s) have any drug and/or food allergies? Yes No

If yes, please describe: _____

4) Full Name of Student: _____

Sex: _____ Date of Birth: ____/____/____ Grade: _____ School: _____

Do minor(s) have any drug and/or food allergies? Yes No

If yes, please describe: _____

(Some medical facilities may require a Social Security Number to provide treatment. We will contact you if we need this information)

My child/children may be given Acetaminophen for minor pain/headache: Yes No

My child/children may be given Ibuprofen for minor pain/headache: Yes No

HEALTH INSURANCE INFORMATION

Health Insurance Company: _____

Policy Number: _____ Group Number: _____

Phone Number: _____

EMERGENCY CONTACT INFORMATION

Parent/Guardian Contact Information (*parent/guardian will be notified first if there is an emergency*):

Father's Name: _____ Mother's Name: _____

Home Phone: _____ Work: _____ Cell: _____

Home Phone: _____ Work: _____ Cell: _____

Parent/Guardian Email Address: _____

Other Contact Person (*relative or family friend; will be notified if parent/guardian is unavailable*):

Name: _____ Relationship to Minor(s): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

MEDICAL HISTORY:

Have minor(s) had all school-required vaccinations? Yes No

Date of last tetanus shot: _____

Do minor(s) have a communicable disease or medical condition that may be a risk to others?

Yes No If yes, please describe: _____

Please describe any special considerations regarding Minor(s) (medical conditions, food allergies, dietary restrictions, activity limitations, behavioral issues/concerns, etc.):

AUTHORIZATION FOR MEDICAL TREATMENT:

As a parent or legal guardian of _____ (“Minor(s)”), each of the undersigned gives his or her authorization and consent for Eastminster Church of Wichita, KS (the “Church”) and the Church’s adult employees, agents and volunteers (collectively with the Church, the “Eastminster Parties”) to seek, authorize, and consent to such medical or dental care for Minor(s) (“Treatment”) as any one or more of them may deem necessary or appropriate. Such Treatment (1) shall be provided upon the advice of and supervision by a physician, surgeon, dentist, or other medical practitioner licensed to practice under the laws of the state or jurisdiction in which such Treatment is sought, and (2) may include, without limitation, X-ray examination; anesthetic; medical, dental, or surgical diagnosis or treatment; and hospital care. Every effort will be made to contact one of the signers of this authorization before treatment is authorized whenever possible. This Authorization for Medical Treatment may be photocopy hereof shall be as valid as an original copy. Each of the undersigned acknowledges and agrees that the Eastminster Parties shall not be legally or financially liable for any bill or expense incurred in, or any cause of action or claim arising from, the provision of any Treatment or the failure to provide or seek any Treatment. In consideration on Minor’s participation in one or more events sponsored by the Church, each of the undersigned hereby agrees to indemnify, defend, and hold harmless the Eastminster Parties from and against any and all losses, damages, liabilities, or expenses (including, without limitation, reasonable attorneys’ fees and other costs of defense) in connection with any and all actions, suits, claims or demands that may be brought or instituted against any Eastminster Party and arise out of or result from the provision of any Treatment or the failure to provide or seek any Treatment. This paragraph shall survive any termination or expiration of the Authorization for Medical Treatment for any reason.

SIGN AND DATE ONLY IN THE PRESENCE OF A NOTARY

Print Name: _____ Signature: _____ Date: _____

STATE OF KANSAS: COUNTY OF SEDGWICK

Subscribed and sworn to before me on _____ day of _____, 201____.

_____ My Commission will expire on: _____

Notary Public

Prescription Medication Form

Eastminster Presbyterian Church

If your child does NOT take medications, you do not have to fill out this form!

Any and all medications that your student will be taking must be accurately described on this form.

Name of Participant: _____

Known allergies: _____

Guardian Name: _____

Guardian Contact Information:

Home Phone: _____ Cell Phone: _____

Medication(s) to be taken during event:

1) Name: _____ Dosage: _____

To be taken with: Breakfast Lunch Dinner

2) Name: _____ Dosage: _____

To be taken with: Breakfast Lunch Dinner

3) Name: _____ Dosage: _____

To be taken with: Breakfast Lunch Dinner

4) Name: _____ Dosage: _____

To be taken with: Breakfast Lunch Dinner

I hereby give permission for this medical information to be shared on a need to know basis.

Parent or Guardian Name

Witness Name

Parent or Guardian Signature

Witness Signature

Date

Date

PARENTS: Please do not pack the student's medications in their luggage.

We ask that you please turn them in at registration.

Place all medications listed in a Ziploc bag with the student's name printed on the front.

Eastminster Presbyterian Church

Student Consent Form

Valid: June 1, 2019 – June 1, 2020

CONSENT AND DISCHARGE OF LIABILITY

PLEASE READ THIS DOCUMENT CAREFULLY BEFORE SIGNING IT. IT AFFECTS THE LEGAL RIGHTS OF YOU, THE STUDENT(S), AND OTHERS.

I, the undersigned parent/legal guardian of the minor(s) student identified below hereby give my permission for the student(s) to participate in any program or event occurring from 6/1/19 – 6/1/20 and to be transported to and from and during the events in any vehicle designated by an employee, agent, or volunteer (an “agent”) of Eastminster Presbyterian Church of Wichita, KS (the “Church”).

In consideration of the student being allowed to participate in the Program:

1. I understand that the church and its volunteers will exercise their judgment in supervising the student(s) and other participants in all sponsored activities and have a right to expect conduct of activities to be accomplished in a safe and careful manner. In spite of this care, it is always possible for the student(s) to be injured or become ill during the activities. In consideration of sponsoring, organizing and supervising the activities during this time period as well as providing other services before, during and after the activities, I agree to defend, and held harmless the Church and any of its Agents, employees or volunteers (collectively, the “Eastminster Parties”) from and against any and all losses, damages, liabilities, or expenses that arise out of or result from the student(s) participating in the program.
2. I understand and agree that the student(s) may be sent home at my expense if any agent, employee or volunteer determines that the student(s) have engaged in disruptive behavior, broken any rules or constitutes a threat to the safety or well being of any other participant at any time during any activity.

Student Name(s): _____

Parent/Guardian Signature: _____

Date: _____