

Eastminster Church Student Medical Release Form 2022 - 2023

Valid July 1, 2022 - June 30, 2023

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.

Parent/Guardian Legal Signature

Print Name: _____ You must be the legal guardian of these campers to sign this form.

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

SCROLL DOWN ⌵



Eastminster Church

Student Consent Form

Valid: July 1, 2022 - June 30, 2023

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 7/1/22 - 6/30/23 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: _____

SCROLL DOWN ⌵



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.

SCROLL DOWN ⌵



Westminster Woods Camp and Retreat Center, Inc.

Assumption of the Risk and Waiver of Liability Relating to Coronavirus/COVID-19

The novel Coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. Westminster Woods Camp & Retreat Center, Inc. (hereinafter referred to as WMW Camp) has put in place preventive measures to reduce the spread of COVID-19; however, WMW Camp cannot guarantee that you will not become infected with COVID-19. Further, participation could increase your risk of contracting COVID-19.

READ CAREFULLY BEFORE SIGNING-INITIAL EACH PARAGRAPH

_____ INITIALS By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk that I may be exposed to or infected by COVID-19 by participation; and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 at WMW Camp may result from the actions, omissions, or negligence of myself and others, including, but not limited to WMW Camp's employees, volunteers, and program participants and their families.

_____ INITIALS I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I may experience or incur in connection with my participation at WMW Camp. On my behalf, I hereby release, covenant not to sue, discharge, and hold harmless WMW Camp, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of WMW Camp, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation at WMW Camp.

_____ INITIALS I represent that I have adequate insurance to cover any injury or illness I may suffer or cause while participating in this activity, or else I agree to bear the costs of such injury or illness myself. I further represent that I have no medical or physical condition which could interfere with my safety in this activity, or else I am willing to assume- and bear the costs of- all risk that may be created, directly or indirectly, by any such condition.

_____ INITIALS In the event that I file a lawsuit, I agree to do so in the state where WMW Camp is located, and I further agree that the substantive law of that state shall apply. I agree that if any portion of this agreement is found to be void or unenforceable, the remaining portions shall remain in full force and effect.

_____ INITIALS By signing this document, I agree that if I am exposed or infected by COVID-19 during my participation in this activity, then I may be found by a court of law to have waived my right to maintain a lawsuit against the parties being released on the basis of any claim for negligence.

_____ INITIALS I have had sufficient time to read this entire document and, should I choose to do so, consult with legal counsel prior to signing. Also, I understand that this activity might not be made available to me or that the cost to engage in this activity would be significantly greater if I were to choose not to sign this release, and agree that the opportunity to participate at the stated cost in return for the execution of this release is a reasonable bargain. I have read and understood this document and I agree to be bound by its terms.

_____ INITIALS If I have signed a separate general waiver of liability connected to my participation at WMW Camp, I agree that the terms of that waiver are wholly incorporated into this document and that the terms of this document are incorporated into the separate general waiver.

_____ INITIAL I agree that I will practice safe social distancing and clean hygiene during my participation at WMW Camp.

Signature _____ Print Name _____

Address _____ City _____ State _____ Zip Code _____

Telephone _____ Date _____

Parent or Guardian Additional Agreement

(Must be completed for participants under the age of 18)

In consideration of _____ (Print minor's names) being permitted to participate in this activity, I further agree to indemnify and hold harmless Releasees from any claims alleging negligence which are brought by or on behalf of minor or are in any way connected with such participation by minor.

Parent or Guardian _____ Print Name _____ Date _____