Eastminster Church

Student Medical Release Form 2024 - 2025

Valid June 1, 2024 – June 1, 2025

FAMILY 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: ____

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

<u>HEALTH INSURANCE INFORMATION</u>

Health Insurance Company: ____

Policy Number: ________________________ Group Number: __________________________

Phone Number: ___________________________

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

EMERGENCY CONTACT INFORMATION

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

Guardian Name: ______________________________ Relationship: ______________

Cell: ________________________ Email Address: ____________________

Guardian Name: ______________________________ Relationship: _______________

Cell: ________________________ Email Address: ____________________

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

Name: ______________________________ Relationship: ______________

Cell: ________________________ Email Address: ____________________

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) ie: medical conditions, food allergies, dietary restrictions, activity limitations, behavioral issues/concerns, etc.:

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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

You must be the legal guardian of these minors to sign this form.

Print Name: ______________________________ Signature: _________________________________

Witness Signature: _________________________ Date: ___________