

Ebenezer United Methodist Church Medical Release/Liability Release Permission Slip Form

This form covers all Ebenezer United Methodist Church events
from August 1, 2009, through September 30, 2010

Fill out completely

General and Contact Information

Student's Name: _____ E-mail: _____

Student's Home Phone: (_____) _____ - _____ Student's Cell Phone (_____) _____ - _____

Age: _____ Birthday (MM/DD/YYYY): _____/_____/_____ Gender: male female

Street Address: _____

City: _____ State: _____ Zip: _____

Father's Name: _____ Cell: (_____) _____ - _____

Father's Email: _____ Home: (_____) _____ - _____

Father's Employer: _____ Work: (_____) _____ - _____

Mother's Name: _____ Cell: (_____) _____ - _____

Mother's Email: _____ Home: (_____) _____ - _____

Mother's Employer: _____ Work: (_____) _____ - _____

Other Emergency Contact: _____ Cell: (_____) _____ - _____

Relationship to student: _____ Home: (_____) _____ - _____

Insurance Information and Statement of Health

INSURANCE, ALLERGIES AND SPECIAL MEDICAL INFORMATION

Statement of Health (to be filled out by parent or guardian)

Insurance Company: _____ Policy # _____

Insurance Subscriber's Name: _____ Pre-cert Phone: (_____) _____ - _____

Insurance Claims Address: _____ Phone: (_____) _____ - _____

Primary Care Physician: _____ Phone: (_____) _____ - _____

Health Problems/Limitations: _____

Immunizations – date of last Tetanus Shot/Booster: _____

Allergies (check all that apply):

Drugs Plants Food Insect Stings Other/Explain: _____

Over-the-Counter Medications – By checking the appropriate box(es), I give permission for my child to receive the following over-the-counter medications according to the specific directions on the product label unless otherwise directed by a physician.

Symptom	Medication	Symptom	Medication
Headache, Fever:	<input type="checkbox"/> Acetaminophen (Tylenol) <input type="checkbox"/> Ibuprofen	Cramps, Muscle Pain, Inflammation:	<input type="checkbox"/> Ibuprofen
Upset Stomach:	<input type="checkbox"/> Maalox <input type="checkbox"/> Mylanta <input type="checkbox"/> Pepto-Bismol	Localized Allergic Reactions:	<input type="checkbox"/> Benadryl
Diarrhea:	<input type="checkbox"/> Donagel <input type="checkbox"/> Kaopectate <input type="checkbox"/> Imodium	Sore Throat:	<input type="checkbox"/> Sore Throat Lozenge
Itching (Rash):	<input type="checkbox"/> Hydrocortisone Cream <input type="checkbox"/> Calamine Lotion	Insect Sting:	<input type="checkbox"/> Insect Bite Relief Ointment

Without specific parental authorization, no oral medications will, or can be given—check appropriate boxes above.

List any over-the-counter oral or topical medications that your student should NOT receive: _____

INSURANCE, ALLERGIES AND SPECIAL MEDICAL INFORMATION (continued)

Prescription and Routine Medications** List all medications brought by student to be taken regularly throughout the event, listing exact dosage and dispensing orders prescribed by student's doctor.

Medication	Dosage	Times Taken (breakfast, lunch, supper, bed, other)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

** All medications, including non-prescription drugs, must be turned into the "Person In Charge" upon arrival, must be in original containers and clearly labeled with name. All prescription medications will be dispensed according to physician's instructions.

MEDICAL RELEASE

In the event my child becomes ill or is injured while under church supervision, I authorize the "Person In Charge" (defined as the person in charge of Ebenezer United Methodist Church's participation in any church event or the Person In Charge's designee) to take the following steps in the following order:

1. Contact the parents of the child and follow his/her instructions.
2. In the event of an emergency when neither parent can be contacted, the Person In Charge will immediately attempt to contact the child's physician and follow his/her instructions.
3. If the child's physician cannot be immediately reached, the Person In Charge will use their own discretion in contacting a properly licensed practicing physician or the nearest hospital and follow his/her instructions.
4. **AT THE SAME TIME AS THE PRECEDING STEPS ARE OCCURRING, I AUTHORIZE THE "PERSON IN CHARGE" TO CALL FOR/ORDER EMERGENCY MEDICAL SERVICES FOR THE CHILD (I.E. 911).**

If in the opinion of a properly licensed and practicing physician my child needs medical or surgical services which require my consent before being supplied, and I cannot be reached, I hereby authorize, appoint and empower the "Person In Charge" to furnish, on my behalf, such written or oral authorization as may be so required. Further, I release **Ebenezer United Methodist Church** and its representatives from any liabilities which might arise from the giving of such authorization, it being my desire that my child will be furnished with such medical or surgical services as soon as reasonably possible after the need arises.

LIABILITY RELEASE

In consideration of the furtherance of your purposes, objectives and work, and in consideration of your permitting me or my child to participate in all Ebenezer United Methodist Church events, I do for myself and my heirs, executors, administrators and assigns, hereby waive and release any and all rights and claims for damages which I may have against Ebenezer United Methodist Church as well as any other person connected with the activity including said person's heirs, executors, administrators, successors, and assigns for any and all injuries which I or my child may suffer while taking part in said activity or as a result thereof.

PARENTAL AUTHORIZATION (IT IS PREFERRED FOR BOTH PARENTS TO SIGN)

I hereby give permission for my child to participate and attend events as indicated above. I further certify that the health history given to Ebenezer United Methodist Church is correct as far as I know and the "Person In Charge" has permission to engage in all prescribed activities, except as noted. IN CASE OF EMERGENCY, I hereby give permission to the physician selected by the Person In Charge to hospitalize, secure proper treatment for, and to order injections, anesthesia, or surgery for my child. I also hereby give permission to the Person In Charge and/or other member of the event staff to inspect the contents of any or all of my child's personal belongings, and to withhold and/or dispose of any improper or illegal contents.

I give permission for me/my child to be transported in a private vehicle if necessary.

I give permission for photographs and/or video taken of me or my child to be used by Ebenezer United Methodist Church.

Date: _____ X Father/Guardian: _____

Date: _____ X Mother/Guardian: _____

OR

Date: _____ X Student (must be 18 years of age or older): _____

STATE OF TENNESSEE, COUNTY OF KNOX

The foregoing instrument was acknowledged before me this _____ day of _____, 20_____, by _____ (S)He is personally known to me or has produced _____ as identification.

(Notary Seal)

Signature of Notary Public

(Print, type or stamp commissioned name of Notary Public)

Prescription Medication

Releases & Authorization Information and Signatures

Notary Public