

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Knowing that all attention and action will be taken to help insure the safety, health and welfare of my child I give my consent for a Jefferson Assembly of God adult sponsor to authorize medical personnel and hospitals to provide all emergency medical care, including but not limited to pathology, radiology, anesthesia, surgery and prescriptive drugs necessary for the health of my child.

The child covered by this authorization is:

Full Name _____ DOB _____ AGE _____

Parent/Legal Guardian; _____

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Business Phone: _____ Cell: _____

Additional Emergency Contact Name: _____

Day Phone: _____ Evening Phone: _____

Medical Health Problems:

Allergies _____ Asthma/Respiratory _____ Vision/Hearing _____ Surgery _____ Diabetes _____

Heart Problems _____ Seizures _____ ADD _____ Headaches _____ Broken Bones _____

Stomach _____ Drug Allergies _____ Other _____

Date Of Last Tetanus Immunization: _____

Health Care Information:

Name of Dentist/Orthodontist: _____ Phone: _____

Name of Primary Care Physician: _____ Phone: _____

Family Medical/Hospital Insurance? Yes ___ No ___ Stormont Vail ___ St Francis _____

Name of parent/person with insurance policy: _____

Health Insurance Agency Name: _____

Policy #: _____ Group #: _____

Current Medications & Dosage: _____

I give permission for a JAG Ministry Team Leader to dispense prescription medication to:

_____ Signed: _____ Parent /Guardian

All student/youth requiring prescription medicine and/or non prescription medicines (Tylenol, Ibuprofen etc.) while travelling and attending this event must check in their medication with the Ministry Team Leader before departure from JAG along with written instructions and consent from parent/guardian

The undersigned, on his/her own behalf, and on behalf of his/her minor child/ward, does hereby release, discharge and covenant to hold harmless Jefferson Assembly of God, its employees and volunteers from any kind of claims, causes of action, and liability of any kind or nature, including personal injuries or death or in any way arising out of, directly or indirectly, the child's/ward's travel to or from, attendance or participation in this event.

Parent/Guardian's Signature: _____ Date: _____

This consent and medical release valid through _____