

## 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 \_\_\_\_\_