

Faith Fellowship
Medical Release and Consent Form

Participant's Full Name _____ Age _____ Male ___ Female ___
Goes by (name) _____ T-shirt size: **ADULT / CHILD:** S M L XL XXL
Parent/Legal Guardian Name or Names _____
Home Phone _____ Work Phone _____ Cell Phone _____
Home Address _____ City _____ State _____ Zip _____
If not available in an emergency notify _____ Phone _____
Insurance Co. _____ Policy # _____ Group # _____
Insurance Co. Address & Phone _____
Allergies to medication and reaction _____

Other Allergies _____

Medications sent with participant _____

(NOTE: Prescribed medications must be in original pharmacy container with the correct name, date, instructions and physician's name on label)

Are there any over the counter medications that the participant should **not** receive if any minor symptoms develop?
(i.e. Tylenol, Advil, Kaopectate, etc.) _____

Please notify the Event Coordinator or Nurse if this participant has been exposed to any communicable disease 3 weeks prior to this event.

My child, _____, has my permission to attend and participate in events, retreats, camps, conferences, or mission trips scheduled from January 1, 2012 through December 31, 2012 sponsored by Faith Fellowship. I represent that my child is healthy and capable of participation in all scheduled events without causing risk of danger, illness or accident to him or herself, or to others.

I agree to hold harmless the leaders of my church, leaders of other churches involved, and event coordinators, in the event of any accident or injury.

In the event that my child requires medical or dental attention while attending the event, I understand that an adult sponsor of the event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor to give such consent for me if I cannot be contacted immediately or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.

I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.
(NOTE: THE SPONSORS OF THIS EVENT DO NOT PROVIDE INSURANCE IN CASE OF INJURY OR ILLNESS).

Custodial Parent or Legal Guardian Signature _____ Date _____

Relationship to Participant _____