

Sager Creek Community Church Medical Release Form

I, _____, am the parent or legal guardian of

Name of Parent or Guardian of Minor

_____ and I hereby authorize Sager Creek Community Church,

Name of Minor

its Event Leaders, employees and volunteers who are 18 years of age or older, and supervise the activities during _____ to consent to medical care, dental care, or both, for my child.

Current Year

Emergency Medical Information for Participants

Child's Name(s)

Sex

Grade

Birthdate

Parent/Guardian Names

Home Phone No.

Cell Phone No.

Work Phone No.

Address

City

State

Zip

Medical/Health Insurance Company

Insurance Policy No.

Member ID No.

Group No.

In case of emergency, notify

Phone No.

Relationship to Minor

In case of emergency, notify

Phone No.

Relationship to Minor

Allergies/Allergic reactions of my child (Food, Drug, etc.)

Current Medicines being taken by my child and instructions on use

Other information regarding my child's health that a doctor should know

First Aid Release: In the event that my Child requires basic over-the-counter medication, such as aspirin, ibuprofen, tums, cough drops etc., I authorize Sager Creek to administer such medications to my child. **Please Initial** _____

Medical Release: In the event of a medical emergency when I cannot be contacted, I give my permission for treatment deemed necessary in consultation between attending emergency physician and the Event Leader. I also release Sager Creek Community Church of liability in the case of accidents or injuries to the minor listed above while traveling to and from, and while participating in the event(s).

(Signature of parent/guardian)

(Date)

(Please Turn Over for Consent Form)

Sager Creek Community Church Consent Form

I, _____, am the parent or legal guardian of
(NAME OF PARENT OR GUARDIAN)
_____ and I am informed of the Summer Camp
(NAME OF MINOR) (NAME OF ACTIVITY)
offered by Sager Creek Community Church, on the day(s) of 6-27 to 7-1
(DATE OF ACTIVITY)

As the parent or legal guardian of my child, I hereby consent for my
child to attend and participate in all activities provided.

(SIGNATURE OF PARENT OR GUARDIAN)

(CONTACT NUMBER)

(Please Turn Over for Medical Release Form)