

Alpha Seventh-Day Adventist Church Medical Release & Transportation Permission Form
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Effective while child is a participant in Alpha SDA Church activities.

Date: _____

Please print in Black or Blue ink

Name: _____ Age _____ Birthday _____

LAST FIRST MIDDLE

Year in school ☐ Male ☐ Female Email

Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____

Medical insurance company _____ Policy # _____

Mother's First/Last name _____ Phone: Home _____ Work/Cell _____

Father's First/Last name _____ Phone: Home _____ Work/Cell _____

Emergency contact	Phone: Home	Work/Cell
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Physician _____ Office phone _____

Dentist _____ Office phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student. If necessary, add another page with details:

1. For your child's safety and our knowledge, is your student a:

☐ good swimmer ☐ fair swimmer ☐ non-swimmer

2. Does your child have allergies to:

☐ pollens ☐ medications ☐ food ☐ insect bites ☐ other

If others, please list _____

3. Does your child suffer from, or has ever experienced, or is being treated currently for any of the following:

<input type="checkbox"/> asthma	<input type="checkbox"/> epilepsy / seizure disorder	<input type="checkbox"/> heart trouble	<input type="checkbox"/> diabetes
<input type="checkbox"/> frequently upset stomach	<input type="checkbox"/> physical handicap		

4. Date of last tetanus shot: _____

5. Does your child wear: ☐ glasses ☐ contact lenses

6. Please list and explain any major illnesses the child experienced during the last year: _____

Additional comments:

Should this child's activities be restricted for any reason? Please explain.

7. Please list any ongoing medication your child is taking _____

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I understand the transportation to and from the event will be provided by the church. I agree that the church will not be held responsible in case of accident. I understand that transportation to and from the event will be by approved car/van/bus with approved adults driving. I agree that the driver will not be held responsible in case of accident.

Parent Signature: _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases the Church and its staff of any liability against personal losses of named child.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by the Church, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/we affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the appropriate staff member.

Parent/guardian Print Name: _____ Phone /Cell: _____

Parent/guardian Signature: _____ Date: _____

Photograph/videotape Release:

I give my permission for my child to be photographed or videotaped, which may be used by Alpha Seventh-Day Adventist Church for promotions. (check one) Yes ☐ No ☐