

Girls

EMERGENCY MEDICAL AND CONSENT FORM

Name of City: _____

Name of Church: _____

Each attendee must turn in this Emergency Medical Release form before she will be permitted to participate in District Girls Ministries event activities. Please turn in upon arrival, and pick up before departure for home.

DO NOT SEND TO DISTRICT OFFICE

Student Name: _____ Date of Birth: ___/___/___

Home Address: _____ City: _____ State: ___ Zip: _____

Parent/Guardian Name: _____ Parent/Guardian Phone:(_____) _____ - _____

If Parent/Guardian can not be contacted, please provide an additional emergency contact

Name: _____ Phone:(_____) _____ - _____

Relationship to Student: _____

Insurance Carrier: _____ Insurance Phone:(_____) _____ - _____

Insurance Policy and/or Group Number _____

Policy Holder Name: _____ Coverage start: _____ Coverage End: _____

CHRONIC/RECURRING CONDITIONS: (Please check any that apply)

 Seizure Disorders Diabetes Fainting Headaches Heart Disease Kidney Disease Nosebleeds Asthma / Respiratory problems Sleepwalking Other: _____

IMMUNIZATIONS: Are school shot records current? (circle one) YES NO

ALLERGIES: Does your child have allergies:(circle one) YES NO

If Yes please explain: _____

MEDICATIONS: Please list any current medications: _____

Do we have permission to give student, tylenol, benadryl, ibuprofen as needed? (Circle one) YES NO

OTHER:Is there anything else we should know?: _____

AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF PENINSULAR DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD USES REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD'S RIGHT AND YOUR RIGHT TO RECOVER FROM PEN FLORIDA GIRLS MINISTRIES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND PENINSULAR DISTRICT COUNCIL OF THE ASSEMBLIES OF GOD HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Parent/Guardian Statement: I authorize the adult in charge to consent to medical treatment if I cannot be contacted. I understand that every effort will be made to contact me before such action is taken. I assume financial responsibility for emergency care if such care is not covered by church's insurance.

SIGN HERE: _____

Parent/Guardian Signature

Parent/Guardian Name (Print) Date