

Souderton Mennonite Church
Annual Medical Release/Consent Form

General Information

Child/Youth Name _____
Last First middle

Address _____ City _____ State _____ Zip _____

Home number _____ Male _____ Female _____ Age _____ Birthday _____

School grade _____ Name of School _____

Mother's (Guardian's) name _____ Home number _____

Work number _____ Cell number _____ E-mail _____

Father's (Guardian's) name _____ Home number _____

Work number _____ Cell number _____ E-mail _____

Parental Consent

This form is valid for the current school year, September 1, 20____ through August 31, 20____. This form must be updated on an annual basis. In addition, if there are any changes in your child's medical care provision or needs, please contact Youth Pastor, Dimas Pezzato or Middle School Youth Director, Jess McQuade.

I/we give permission for _____, grade _____, to participate in all church-sponsored activities on the church premises, and trips and activities away from the church premises throughout the current school year. Children and youth will be accompanied by a teacher or adult sponsor and will be under adequate supervision. I/we understand that I/we will be given prior notice of all trips away from the church premises. I/we further understand that I/we may revoke permission for a specific activity or trip at any time.

Although the church desires to provide a safe and enjoyable time for all children and youth, accidents and illnesses can still happen. I/we understand that there are risks/dangers involved with participation in on and off campus events and their associated activities. In consideration of my child being allowed to participate in church sponsored activities or trips, I/we agree to assume responsibility for those risks/dangers, including COVID-19 Virus, associated with the travel and activities. I/we agree to hold harmless Souderton Mennonite Church (SMC), its employees and representatives, including volunteers and drivers, from any and all claims arising from my child's participation. This release agreement does not apply to claims of intentional misconduct by the church, its employees or volunteers.

In case of an accident, illness, or other emergency, I/we request that SMC contact me/us. If SMC cannot reach a parent/guardian after conscientious effort, I/we give permission for church staff to call paramedics or any licensed physician or dentist. If a life-threatening emergency exists, I/we give permission for the church staff to call paramedics immediately and then contact me/us as soon as possible thereafter.

I/we authorize and consent to any X-ray examination, anesthetic, medical, dental, or surgical diagnosis or treatment and hospital care, which, in the best judgment of a licensed physician or dentist is deemed advisable. I/we agree to assume the financial responsibility for expenses incurred as a result of those services being provided. I/we also agree to be financially responsible for emergency medical transportation. In cases where medical care is needed but the situation is not an emergency, SMC will make every effort to contact the parents/guardians before treatment is given.

I/we give consent to the use of any video images, photographs, audio recordings, or any other visual or audio reproduction that may be taken of my child during the event to be used, distributed, or shown as SMC sees fit. Yes _____ No _____

Parent/Guardian signature _____ Date _____

Name of Parent/Guardian (print) _____

Please turn over to complete form

Medical Information

Medical insurance: Yes _____ No _____ Name of insured _____

Insurance carrier _____ Policy # _____

Physician _____ Office phone # _____

Dentist _____ Office phone # _____

List any allergies (food, medicine, etc.) and severity of reaction:

List any other important information we need to be aware of (ie; physical limitations, fears, special needs, etc):

Medication(s) being taken: (medications must be given to trip coordinator in original prescription bottle for all off campus activities and trips.)

I/we give permission for trip leaders to administer: *Ibuprofen*: ___ Yes ___ No *Acetaminophen*: ___ Yes ___ No

Date of last tetanus shot _____ Does your child wear: glasses _____ contact lenses _____

For your child's safety and our knowledge is he/she a: good swimmer _____ fair swimmer _____ non-swimmer _____

In case of emergency, list the nearest relative or neighbor that we should contact if we are unable to reach a parent/guardian at home or work?

Name _____ Phone _____ Relationship to child _____

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Behavioral Expectations

So that our actions can be God honoring and peaceable, the following are guidelines that are expected from each youth/child:

- Be an active participant within the group
- Respect property
- Respect one another, staff, and adult leaders
- Respect and comply with event schedules

I have read the above expectations and agree to follow them.

Youth/Child signature _____ Date _____

Parent signature _____ Date _____