

EMERGENCY MEDICAL RELEASE FORM

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 THIS FORM TO THE DISTRICT OFFICE

NAME _____ Phone (____) _____ D.O.B. ____/____/____

ADDRESS _____

My child is a swimmer / non-swimmer and has / does not have my permission to swim (____). (Circle one) (Date)

IF PARENT/GUARDIAN CANNOT BE CONTACTED, PLEASE NOTIFY:

Name _____ Name _____

Phone (H) _____ (C) _____ Phone (H) _____ (C) _____

Minor's Physician _____ Phone _____

Medical/Hospital Insurance Carrier _____ Policy/Group # _____

Are you a member of HMO? _____ Policy # _____

Date of last examination _____ Is activity restricted? _____ No _____ Yes

Explain: _____

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

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

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

Other: _____

ALLERGIES: (Check all that apply; be specific on any types of reaction!) If no allergies, circle NONE

Animal _____ Plants _____ Food _____ Pollen _____ Insect Bites _____ Medicines / drugs _____ Latex _____ Nuts _____ Other _____

May be given OTC medicine as needed? ie: Tylenol, Motrin

Yes _____ No _____

Has begun menstruation? _____ Yes _____ No

Is informed about Menstruation? _____ Yes _____ No

Current medications: _____

Is in child's possession? _____ Yes _____ No

Child wears: _____ Contact Lenses _____ Glasses _____ Dental appliance _____ Other

Does your child ever sleepwalk? _____ Yes _____ No

IN CASE OF EMERGENCY I CAN BE REACHED AT _____ (Area code and Phone number)

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.

PRINT MOTHER'S NAME _____

PRINT FATHER'S NAME _____

Mother's Signature _____

Father's Signature _____

Address / City / Zip _____

Address / City / Zip _____

(____) _____ Phone

(____) _____ Phone

Subscribed and sworn before me this _____ day of _____ 20 _____

Notary

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO
CORONAVIRUS/COVID-19

Participant's Name _____ Date of Birth _____

Street Address _____ City _____ State _____ Zip _____

If applicable: Parent/Guardian's Name _____ Emergency Phone (____) _____

By registering for this event, Powette, you understand and expressly acknowledge that an inherent risk of exposure to COVID-19 exists in any public place where people are present. In attending the event, you and any guests, voluntarily assume all risks related to exposure to COVID-19, and waive, release, and discharge Peninsular Florida Girls Ministries Department(PFDC), the host venue, Camp Wilderness, (Florida Rangers Inc.("FRI")/ Peninsular Florida Royal Rangers ("RR") or any of their affiliates, directors, officers, employees, agents, contractors, or volunteers from any and all liability under any theory, whether in negligence of otherwise, for any illness, injury or possible death.

Signature of Participant (or Parent or Guardian if a Minor)

Date

Print Name of Participant (or Parent or Guardian if a Minor)

Name of Group