

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

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) <input type="checkbox"/> Seizure Disorders <input type="checkbox"/> Diabetes <input type="checkbox"/> Fainting <input type="checkbox"/> Headaches <input type="checkbox"/> Heart Disease <input type="checkbox"/> Kidney Disease <input type="checkbox"/> Nosebleeds <input type="checkbox"/> Asthma / Respiratory problems <input type="checkbox"/> Sleepwalking <input type="checkbox"/> 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