Required

Shadow Mountain Church

PARENTAL PERMISSION AND MEDICAL AUTHORIZATION FORM

(Please Print)

Participant Name: _____ **Birth Date:** _____

Participant Name: _____ **Birth Date:** _____

Participant Name: _____ **Birth Date:** _____

Participant Name: _____ **Birth Date:** _____

I give permission for my child/children (named above) to attend the events, field trips, and service projects associated with Shadow Mountain Church (SMC) Youth Group. I further give permission for my child/children to be transported to and from events by hired and volunteer drivers authorized by SMC.

Medical Release:

I hereby authorize the SMC staff, Youth Group leaders, hospitals, licensed medical or dental providers, and their agents and employees to have access to the information contained in this form and to provide all medical or dental care, routine tests, treatment, and necessary transportation advisable for the health and safety of my child/children. This authorization includes the authority to consent to any x-ray examinations, anesthetic, medical procedure or treatment, and hospital care under the supervision, and upon the advice of or to be rendered by, a physician or surgeon licensed under the Medical Practice Act or dentist licensed under the Dental Practice Act for my child/children. In the event of an emergency.

Custody Release:

I further authorize the SMC to receive physical custody of my child/children upon completion of any treatment, and I specifically instruct any treating health facility to surrender physical custody of my child/children to said adult.

Activity Release:

I further give permission for my child/children to participate in all supervised activities except as noted:

_____ _____ _____

Signature of Parent or Legal Guardian | Printed name of Parent or Guardian | Date

EMERGENCY CONTACT INFORMATION

Parent(s)/Guardian(s)

_____

Name(s)

_____

Street Address

_____

City State Zip

Relation	Phone Numbers	Phone Type (Home, Mobile, etc.)

_____

Parent(s)/Guardian(s) Email address(es)

_____

Youth Members Email address(es)

Required

Other Emergency Contact(s)

	Relation	Phone Numbers	Phone Type (Home, Mobile, etc.)
Name			
Name			

Please list any allergies to drugs, foods, plants, insects, etc:_____

_____

Please list any prescription medication to be taken by the participant (including what it is taken for, when it is to be taken, dosage information, and any special procedures): _____

_____

Please list any non-prescription (over-the-counter) medication you **DO NOT** want dispensed to your child/children:_____

_____

Please list any additional information relevant to participating in Shadow Mountain Church Youth Group activities (dietary needs; surgeries or serious injuries; chronic or recurring illness; medical conditions such as epilepsy or diabetes; psychiatric counseling or indications, etc.): _____

_____

OPTIONAL

Health Care Information

Physician

_____
Name

_____
Phone

_____
Medical Insurance Company

_____
Policy/Group Number

_____
Name of Policy Holder

Dentist

_____
Name

_____
Phone

_____
Dental Insurance Company

_____
Policy/Group Number

_____
Name of Policy Holder

Required

Medical Treatment Authorization

I understand that Shadow Mountain Church will attempt to notify me in case of a medical emergency involving my child/children. If the church staff cannot reach me, I authorized the church staff to or certified medical staff to provide medical services he or she deem necessary. I will pay for any medical expense incurred in this treatment. I will notify the staff if I feel there are any health considerations that would prevent my child's/children's participation in any activities. I also give my permission for staff to restrict my child from participating in any activity if they should doubt my child's/children's ability or safety while participating.

Parent(s) Signature_____

Date_____

Indemnity and Waiver of Claim

I, the undersigned, the Parent/Legal Guardian of_____

_____

Hereby agree to indemnify and hold harmless Shadow Mountain Church, youth leaders, its volunteers, pastor, its official staff, the individual members thereof, from any liability, lawsuit, cost, expense, or claim of any type whatsoever (including legal fees) for any harm, injury or death arising out of the above mentioned activity(s), as a condition of the child/children participating in the same.

Parent Signature(s)_____

Date_____

Information provided on this form will be kept strictly confidential.

[redacted]