

SOUTHBROOK CHRISTIAN CHURCH

Parent/Guardian Agreement and Medical Release

I/We hereby grant permission for _____ [participant’s name] (“Participant”) to participate in the SouthBrook _____ [event name] (the “Event”), to be held on or about _____ [date of event]. The purpose of this Agreement and Medical Release is to enable parents/guardians to authorize the provision of emergency medical treatment for Participant in the event Participant becomes ill or injured during the Event, when parents/guardians or other emergency contacts cannot be reached.

Residential Parent or Guardian

Mother’s Name _____ Daytime Phone _____ Cell/Pager _____

Father’s Name _____ Daytime Phone _____ Cell/Pager _____

Emergency
Contacts: 1. _____ Daytime Phone _____ Cell/Pager _____
2. _____ Daytime Phone _____ Cell/Pager _____
3. _____ Daytime Phone _____ Cell/Pager _____

It is extremely important that you provide **ANY** pertinent medical history or information about existing conditions that may affect Participant:

Medical Information: _____

Medications: _____

Allergies: _____

I/We further give permission for emergency medical assistance. Participant’s physician is _____ and may be contacted at _____ in the event of an emergency.

Medical Insurance Coverage: _____

Contract #/Policy # _____

In the event reasonable attempts to contact parent/guardian or the emergency contact(s) listed above have been unsuccessful, I/we hereby give consent for (i) the administration of any treatment deemed necessary by Participant’s physician (named above), or, in the event said physician is not available, by another licensed physician or dentist, and (ii) the transfer of Participant to any hospital reasonably accessible. This authorization includes permission to said physician to secure proper treatment which may include hospitalization, anesthesia, surgery, or injections of medication. Permission is also granted to any emergency room physician to treat Participant prior to contacting Participant’s physician.

I HAVE CAREFULLY READ THIS AGREEMENT AND MEDICAL RELEASE AND UNDERSTAND ITS CONTENTS AND I VOLUNTARILY SIGN THE SAME AS MY OWN FREE ACT AND AS THE ACT OF PARTICIPANT.

Signature of Parent or Legal Guardian
Date: _____

Signature of Parent or Legal Guardian
Date: _____

Legible Printed Name of Parent or Legal Guardian

Legible Printed Name of Parent or Legal Guardian

IF PARTICIPANT IS AGE 18 YEARS OR OLDER, THEN PARTICIPANT SHOULD SIGN ON ONE OF THE SIGNATURE LINES ABOVE, IN LIEU OF PARENT/GUARDIAN