



## Medical Information & Release Form

Child's Name: \_\_\_\_\_ Sex \_\_\_\_\_ Age: \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ SS: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Place of Business: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Place of Business: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Known Allergies or Problems: \_\_\_\_\_

Hospitalization Insurance Co: \_\_\_\_\_ Policy: \_\_\_\_\_ Policy holder: \_\_\_\_\_

Blood type: \_\_\_\_\_ Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Please list the name of nearest relative/neighbor (circle one) to be contacted in case of emergency.

Name: \_\_\_\_\_ Work phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

By my signature, I \_\_\_\_\_ the parent or guardian of \_\_\_\_\_ grant my permission for him/her to participate fully in any activities or trips sponsored by Deerbrook Covenant Church. I fully understand that my signature carries with it the following:

- 1) I give permission for approved children's/youth ministry staff and volunteers to transport my child to and from church activities.
- 2) I give permission for approved youth ministry staff and volunteers to meet with my 7-12<sup>th</sup> grade child on or off church premises for church activities (meeting, events, etc.)
- 3) I hereby authorize any approved children's/youth ministry staff and volunteers from Deerbrook Covenant Church to obtain any medical attention and/or treatment, which in their opinion is necessary for my child. This authorization shall last for a period of one (1) year from this date.
- 2) I knowingly release, absolve, indemnify, and hold harmless any approved children's/youth ministry staff and volunteers and Deerbrook Covenant Church from all claims that might result from any injury or death of any minor or in the administering of or lack of medical treatment.
- 3) Should medical help be needed, I agree to pay either directly or through my own health and accident Insurance policy all medical or hospital costs and to be solely responsible for said treatment and the cost thereof.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date Signed

**Deerbrook Covenant Church  
Medication Administration Parental Consent Form**

Name: \_\_\_\_\_

Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex (M/F): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Secondary Contact to notify in event of emergency: \_\_\_\_\_

Their relationship to you: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

List ALL medication taken on a regular basis or emergency medications, stating when to be administered and what dosage. Over-the-counter meds MUST be in original containers:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

These medications will be administered and/or monitored by the Children's/Youth Department Supervisor or other qualified personnel appointed by Children's Ministry Director or Youth Pastor.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date