



## Waiver and Release Form/ Permission to Treat

Valid for a period of 1 year from date of completion.

Name of Church: \_\_\_\_\_ City/State: \_\_\_\_\_  
Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
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: \_\_\_\_\_ Their phone:(\_\_\_\_) \_\_\_\_\_

**Please supply ALL of the following information and attach a copy of your insurance card.**

Medical Insurance Co.: \_\_\_\_\_ Group# \_\_\_\_\_ Policy#: \_\_\_\_\_  
Company Address: \_\_\_\_\_ Phone:(\_\_\_\_) \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical Limitations (Asthma, diabetes, allergies, etc.), and/or special instructions (Allergic to certain meds, rare blood type, wears contact lenses, etc.): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List ALL medication taken on a regular basis and/or any brought with you (Prescription meds MUST have a pharmacy label and name of doctor): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List all operations/serious injuries and dates within the past five (5) years: The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Authorization**

I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity. I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking part in recreation activities and other activities related to participation in youth functions.

**Disciplinary Action**

I also give full authority to the Minister to Students or sponsor(s) to discipline my son or daughter as deemed necessary. If my child's behavior is repeatedly disruptive to or endangers the safety of the group, I give the Minister to Students or sponsor(s) my permission to send him/her back home, after my son/daughter has called me and informed me as to the reason he/she is being sent home and the means (plane, bus, car) by which he/she will arrive. I agree further to pay the cost of this return trip should this action become necessary.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**The following is to be completed by the notary witnessing parent/guardian's signature.**

The State of \_\_\_\_\_ the County of \_\_\_\_\_ Before me, a Notary Public, on this day personally appeared \_\_\_\_\_ known to me (or proved to me on the oath of \_\_\_\_\_) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

Notary Public, Signature \_\_\_\_\_  
My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.