

Name:

DOB:

PARENTAL Consent & MEDICAL Release FORM

(This document may not be used by Adventurer Club events. Adventurer age children must be under parental supervision at all times)

Child's Name: _____ Contact Person: _____

Address: _____ Home Number (_____) _____ - _____

_____ Work Number (_____) _____ - _____

The undersigned does hereby give permission for our (my) child, _____

to attend and participate in activities sponsored by _____ on _____ / _____ / _____.
Church's Name Child's Name Date

Medical Permission

I give permission for adult leaders/volunteers to administer emergency treatment, contact emergency personnel, and act in my stead in approving necessary medical care until I can reasonably be contacted. I understand that should any medical bills be incurred, our family's insurance(s) may be used and the Oregon Conference general liability insurance (Risk Management) is limited in amount, up to a maximum of \$5,000 for one year from the injury date.

- Yes Hospital Insurance Participant _____
- No Hospital Insurance

Insurance Co: _____ Father _____

Policy Number _____ Mother _____

Emergency Ph. No (_____) _____ - _____ Legal Guardian _____

Tetanus/Immunization Status (within 5 years)

I, on behalf of myself, my spouse, next of kin, executors, heirs, assigns, or anyone else who might claim or sue on my or my child's behalf, fully release and agree not to sue the Oregon Conference of Seventh-day Adventists and any of its agents, employees, and/or volunteers from any and all liability, including but not limited to any claims, losses, or liabilities due to death, personal injury, disability, property damage, medical expenses, and/or theft, that may arise from or relate to my child's participation in the event, and/or any provision of medical care.

(Parent/Guardian Signature)

(Date)

(Parent/Guardian Name – please print)

(Cell or Daytime Phone) (Nighttime Phone)

Name:

DOB:

Name:

DOB:

Allergies: Please list all medication and non-medication allergies your child has:

Medications: Please list all prescription and OTC medications, with directions, your child takes:

Over The Counter Medications: Please list the OTC medications, creams, lotions, etc. that your child CANNOT be exposed to:

Physical Conditions: Please list any conditions that limit your child's participation in this event:

Please list any **dietary requirements and/or allergies** that must be observed:

Any additional information you would like to share about your child:

Name:

DOB: