

Milestone Church – Student Ministries – 2009

2040 Willis Ln. / Keller, Tx 76248 / 817-812-3600

Medical Permission and Release Form

Please take a moment and complete all information correctly, i.e. check spelling of names, area codes for telephone numbers, addresses, etc.

Student's Name _____ Date Completed _____
Address _____ City _____ State _____ Zip _____
Home Phone _____ Work Phone _____ Cell Phone _____
Age _____ Birth Date _____ Grade In/Completed _____ Sex (circle) Male Female
Father _____ Work Phone _____
Mother _____ Work Phone _____
Guardian _____ Work Phone _____

In the case of an emergency and a parent cannot be reached, please contact:

Name _____ Phone _____ Relation _____

Required Emergency Medical Information:

Family Physician _____ Office Phone _____

Family Dentist _____ Office Phone _____

Hospital Insurance [] Yes [] No Policy Number _____

Primary Insured _____ Name of Insurance Company _____

Insurance Company Telephone Numbers _____

**Please attach a copy of the front and back of your insurance card to be turned in with this form.

List Date of Last Immunization: DPT _____ MMR _____ Tetanus Only _____ Polio _____

Check if Child has had: Chicken Pox _____ Measles _____ Mumps _____ Whooping Cough _____

Daily Medication Requirements:

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

Medicine _____ Prescribed Dosage _____ Time _____

Allergies: _____

Other Important Medical Information: _____

I (we) hereby DO _____ or DO NOT _____ consent to the use of blood and/or blood products under the care of a licensed physician in the case of emergency.

Milestone Church and Student Ministries (Together With Their Respective Officers, Employees and Agents) and Each Volunteer Assisting Them Are Collectively Designated By The Abbreviation "MC" Throughout This Entire Form and the term "MC" Shall Refer to Them Individually as well as Collectively

I (we) hereby authorize MC to take my (our) child to the before named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached after reasonable attempt to do so. I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by MC and/or Student Ministries. I (we) hereby authorize MC to transport my (our) child to or from church and/or any other church related and sponsored activities and events. I (we) authorize MC to include my (our) child in routinely supervised water activities. I (we) hereby authorize MC to consent to any x-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care to be rendered to my (our) child under the general or special supervision and on the advice of any physician or dentist representing to be licensed on the medical staff of a hospital or medical care facility, whether such diagnosis or treatment is rendered at the office of said physician or at the said facility or hospital. I (we) hereby do authorize MC to dispense to my (our) child any over-the-counter medications (according to proper dosage instructions) when reasonably deemed necessary. I (we) do hereby authorize any physician, dentist, hospital or medical treatment center to treat my (our) child in the case of emergency in which the before named physician or dentist cannot respond. The undersigned adult shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my (our) child to return home due to medical reasons or otherwise, the undersigned shall assume and be responsible for the payment of all transportation costs. I (we) hereby release, forever discharge and agree to defend and hold harmless MC from any and all liability, claims or demands for personal injury, sickness or death, as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult and the child/participant that occur while said child is participating in any trip or activity with MC. I (we) (and on behalf of my (our) child/) hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein. Further authorization and permission is hereby given to MC to furnish any necessary transportation, food, and lodging for my (our) child. The undersigned further hereby agrees to hold harmless and indemnify MC from and against any claim against or loss incurred by MC as the result of the negligent, willful or intentional acts of my (our) child, including any expense incurred attendant thereto. The medical consent and liability waiver provisions hereof shall remain in full force and in effect until written notice of revocation or withdrawal is received by MC at its office at 2040 Willis Ln, Tarrant County, Texas. I (we) acknowledge and agree that it is my (our) responsibility to notify Milestone Church of any changes in medical condition, guardianship, address or telephone, in writing to the address listed at the beginning of this form.

Legal Guardian

Date

Legal Guardian

Date