



Adult Medical Release & Permission Form

Effective Dates: 1 January 2017 to 31 December 2019

NAME (Last, First, Middle Initial):

Please print in ink and attach a photo copy of your medical insurance card (front and back).

Name: Last First Middle Age: DOB: / /

Male Female Email

Address City

State Zip Phone Cell

Medical Insurance Company Policy #

Spouse's Name Cell Work

Emergency Contact Cell Work

Physician Office phone

Dentist Office phone

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following area of concern for this student. If necessary, add another page with details:

- 1 For your safety and our knowledge, are you a— good swimmer fair swimmer non-swimmer
2 Does you have any allergies (i.e. pollens, medications, food, insect bits)? Yes No If yes, please describe allergy and treatment:
3 Does you suffer from, or has ever experienced, or is being treated currently for any of the following: asthma epilepsy/seizure disorder heart trouble diabetes frequently upset stomach physical handicap
4 Date of last tetanus shot:
5 Does you wear glasses contact lenses none
6 Please list and explain any major illnesses you have experienced during the last year:

Additional comments:

Should your activities be restricted for any reason? yes no If yes, please explain:

For your information, we expect youth and adults to conform to these rules of conduct:

- No possession or use of alcohol, drugs, or tobacco
- No students can drive
- No fighting, weapons, fireworks, lighters, or explosives
- No offensive or immodest clothing
- No males in the females' sleeping quarters and no females in males' sleeping quarters
- Participation with the group is expected
- Respect property
- Respect one another
- Respect and comply with event schedules and rules

Adults who fail to comply with these expectations may be sent home at their own expense.

I have read the rules of conduct, the above evaluation of my health, and permission to participate in youth group activities. I agree to abide by the stated personal limitations and code of conduct.

Name (printed) _____

Signature _____ Date _____

Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, skiing, snowboarding, hiking, concerts, Bible studies, miniature golf, hayrides, student conferences, rock climbing, lock-ins, mission trips, service projects, choir trips, small group outings, sleep-overs, and more. *Note: If you desire to limit your participation in any event, please submit your wishes in writing to Kendra Holcomb-Densmore prior to that event.*

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Knox United Presbyterian Church and its staff of any liability against personal losses of named child.

I understand that there are inherent risks involved in any ministry or athletic event, and I hereby release the Church, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss, or damage to person or property that may occur during the course of my involvement. In the event that I am injured and require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Knox United Presbyterian Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force. I agree to go home at my expense should I become ill or if deemed necessary by the youth director.

Name (printed): _____

Signature: _____

Date: _____