

Palm Valley Church

Medical Release/Activity Permit Form

(Activity Sign Up and consent for Emergency Medical Treatment)

Please Print:

NAME of Guardian: [checkbox] Mother [checkbox] Father [checkbox] Legal Guardian

FOR (Name of Child): [checkbox] Son [checkbox] Daughter Age ____

SHIRT SIZE: (Please circle) KIDS: Small Medium Large ADULTS: Small Medium Large

We/I, hereby, voluntarily consent to the rendering of such care, including diagnostic procedures, surgical and medical treatment, and blood transfusions by authorized members of the hospital staff or their designees, as may be necessary in their professional judgment. We/I, hereby, acknowledge that no guarantees have been made to me as to the effect of such examinations or treatment on the child's condition. We/I, hereby, give consent to an authorized representative of PALM VALLEY CHURCH to arrange for routine or emergency medical/surgical/dental care and treatment to preserve the health of our (my) child. We/I, hereby, acknowledge that we are (I am) responsible for all reasonable charges in connection with the care and treatment rendered during this period and release Palm Valley Church of any liability.

*****FILL OUT FORM BELOW FOR REGISTRATION TO ACTIVITY*****

CHILD'S NAME: _____

HOME ADDRESS: _____

CITY: _____ ZIP: _____ BIRTHDATE: _____

TELEPHONE: _____ (home) _____ (cell) _____ (work)

EMERGENCY CONTACT: _____

OTHER EMERGENCY NUMBERS: _____

THE FOLLOWING PERSONS ARE NOT ALLOWED TO PICK UP MY CHILD: _____

NAME OF HEALTH INSURANCE CARRIER: _____

GROUP # _____ POLICY # _____

FAMILY PHYSICIAN: _____ PHONE: _____

CHILD'S ALERGIES, CHRONIC ILLNESSES OR OTHER CONDITIONS, IF ANY: _____

DATE OF LAST TETANUS SHOT: _____ MEDICATIONS CHILD IS TAKING: _____

I have read this form and I certify that I understand it's contents.

Signature of Parent/Legal Guardian

Date