

# Montrose Church Emergency Consent



Effective: September 1, 2011 - August 31, 2012

## Participant Information - Please print in ink

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First M.I.

Male  Female Grade as of September 2011: \_\_\_\_\_ Email: \_\_\_\_\_

Participant will engage in the following program area:  Children  Junior HS  Youth / HS  Adult

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Parent Information (for Participant under age 18)

Mothers Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Fathers Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone: \_\_\_\_\_

## Insurance & Physician Information

Medical Insurance Carrier \_\_\_\_\_ Policy #: \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

## Emergency Contact Information

Emergency Contact : \_\_\_\_\_ Relation to Participant: \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell 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 participant is subject, and of 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 to this form. Include names of medications, and dosages that must be taken.

Circle the following areas of concern for this participant. If necessary add another page with details.

For participant safety and our knowledge, what level swimmer is the participant:

good  fair  non-swimmer

Does the participant have allergies to:

pollens  medications  food  insect bites

**Medical History (cont'd)**

Does the participant suffer from, or has ever experienced, or is being treated currently for any of the following:

- asthma       epilepsy/seizure disorder       heart trouble       emotional/behavioral issues
- diabetes       frequent upset stomach       physical handicap       learning disabilities

Date of last tetanus shot: \_\_\_\_\_ Are all immunizations up to date?  Yes  No

Does the participant wear:       Glasses       Contact lenses       Braces       Prosthetic device(s)

Any medications being used at this time:       Yes       No

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Purpose: \_\_\_\_\_  
 Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Purpose: \_\_\_\_\_

Please list and explain any major illness/injury the participant experienced during the last year:

Please list any diet or activity restrictions:

Additional comments:

**Code of Conduct**

Participants agree to conform to these rules of conduct:

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

Participants who fail to comply with these expectations may be sent home at the expense of their parent/guardian.

**Participant Acknowledgment**

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

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Program Acknowledgment**

Activities may include, but are not limited to: cookouts, boating, water-skiing swimming, basketball, roller-blading, roller-skating, games in the park, soccer, broom ball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, rock climbing, surfing, boogie boarding, drama, choir, community service projects, retreats, conferences and seminars. NOTE: if you wish to limit the participation in any event, please submit your wishes in writing to Program Pastor prior for the event.

\_\_\_\_\_ (Participant Name), has my permission to attend all activities sponsored by Montrose Church (hereinafter the "Church") from September 1, 2011 - August 31, 2012.

**Consent**

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

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by the Church. I/We understand that there are inherent risks involved in any ministry or athletic event, and I/We 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/our child's involvement in the event that he/she is injured and requires the attention of a doctor. I/We 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 the church, I/We agree to hold such persons free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/we also know acknowledge that we 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/We affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still in force for the minor named above. I/We also agree to bring my/our child home at my/our expense should they become ill or if deemed necessary by the pastoral staff member.

Parent/Guardian Signature (if participant is under age 18): \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_