Sugar Grove Student Ministry

Permission and Medical Release Form

Student Name: _____ Date of Birth: _____ / _____ / _____

Parent/Guardian(s): _____

Emergency Contacts

Name: _____ Phone: _____

Relationship to Student: _____

Name: _____ Phone: _____

Relationship to Student: _____

Health Information

Please list all known medical conditions, including food allergies and/or drug allergies. In addition, include any over-the-counter and prescription drugs taken regularly:

_____

_____

_____

_____

Insurance Information *please include a photocopy of insurance card

Policy Holder's Name: _____ Relationship to Student: _____

Health Insurance Company: _____

Group/Policy #: _____ ID#:_____

In the event of an emergency, I/we authorize Sugar Grove Church, its agents and employees to contact and secure medical attention for my child. Also, I/we authorize Sugar Grove Church, its agents and employees to administer basic First Aid to my child/children as necessary. Finally, I/we the undersigned have legal custody of the student named above, a minor, and have given consent for him/her to attend events organized by Sugar Grove Church. I/We understand that there are inherent risks involved in any ministry, athletic, or mission event of other activity, and i/we hereby release and indemnify and hold harmless Sugar Grove Church, its agents, staff, and volunteer workers from all liability for any injury, loss, or damage to person or property that may occur during my child's involvement. I/We also acknowledge that I/we will be responsible for the cost of any medical care not reimbursable by my health insurance provider. I/We also agree to bring my/our child home at my/our expense should they be deemed ill or if deemed necessary by Sugar Grove staff or employees. This consent and release form is effective for 12 months from the date of its execution.

_____   _____   _____

Printed Name (Parent/Guardian)   Signature   Date

Medicine Check-In

Please record any/all medicines your student will be bringing (including over-the-counter)

All medical records will be kept confidential between Sugar Grove Staff and nurse

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Medicine #1

Name of Medicine: _____   Prescription   Y / N

Dosage: _____   Interval: AS NEEDED / AM / LUNCH / DINNER / BED

Additional Instructions: _____

Medicine #2

Name of Medicine: _____   Prescription   Y / N

Dosage: _____   Interval: AS NEEDED / AM / LUNCH / DINNER / BED

Additional Instructions: _____

Medicine #3

Name of Medicine: _____   Prescription   Y / N

Dosage: _____   Interval: AS NEEDED / AM / LUNCH / DINNER / BED

Additional Instructions: _____