

Sanibel Community Church
1740 Periwinkle Way
Sanibel, FL 33957
239-472-2684

PERMISSION AND MEDICAL CONSENT

As parent or legal guardian, I hereby give permission for my teen to participate in **2009-2010** Youth Activities sponsored by Sanibel Community Church.

Teen's Full Name: _____
Sex _____ Last _____ First _____ Middle _____ Nickname _____
Birthday _____ Age _____ Grade _____
School _____
Parent or Guardian Name: _____
Home Address: _____

_____ *Home Phone* _____ *Business Phone* _____ *Cell Phone* _____ *e-mail address*

If not available in an emergency, notify:

1. Name: _____ Relationship to teen: _____
Address: _____

_____ *Home Phone* _____ *Business Phone* _____ *Cell Phone*

or 2. Name: _____ Relationship to teen: _____
Address: _____

_____ *Home Phone* _____ *Business Phone* _____ *Cell Phone*

Does this teen have any of the following allergies?:

| | |
|---------------------------|--------------|
| Penicillin _____ | Food: _____ |
| Other Drugs _____ | _____ |
| Insect Stings _____ | _____ |
| Hay Fever _____ | Other: _____ |
| Ivy Poisoning, etc. _____ | _____ |

Does this teen have any medical or health problems, and has this teen had any chronic or recurring illness or illnesses, which would have an effect on the teen's participation in Activities?

Yes No If yes, describe the problems or illnesses:

State the name, address, medical specialty and phone number of this teen's family physician and of any other physician who should be consulted in the event of emergency or medical problems involving this teen: _____

State the name, address, and phone number of this teen's dentist (and orthodontist if applicable):

Is there medical or hospitalization insurance which provides benefits for this teen? _____

If so, please indicate:

Name of Insurance Co. _____

Policy # of Insurance Policy _____

Name of Policy Holder _____

Phone # of Insurance Co. _____

Indicate the date of this teen's last tetanus shot _____

Are there any activities, such as strenuous activities, to be restricted for this teen? _____

If so, describe: _____

Is this teen on any medications? _____ If so, please state the medication:

_____ If so, will this teen
be bringing to an Activity the medications that he/she should be taking? _____.

Describe any dietary restrictions that this teen is required to observe: _____

Other comments or suggestions from the parent or guardian concerning this teen:

I understand that, in the event my teen requires medical or dental treatment while engaged in an Activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the Activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my teen's medical allergies, medications being taken, medical problems and other pertinent information. My teen has permission to participate in all prescribed activities except as noted by me.

AUTHORIZATION TO TRANSPORT

I (we) the undersigned parent or legal guardian of the above-named student does hereby give consent to the Sanibel Community Church leader to transport my teen via automobile, bus or airplane as the occasion arises.

(SIGN ON NEXT PAGE)

Signatures:

Parent _____

Date _____

Guardian _____

Date _____

Notary _____

Date _____

Notary's Signature

Notary's Printed Name

(SEAL)

(Please complete reverse side)

**WAIVER AND INDEMNITY AGREEMENT
(PARENT / GUARDIAN)**

Program **2009 – 2010 Youth Activities**
Name of Participant _____

In consideration of your accepting my teen for participation in the above-named program, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against Sanibel Community Church and its agents, employees, representatives, successors and assigns, for any and all injuries suffered by myself or my teen that arise out of the above named program, activity, or sport sponsored by Sanibel Community Church.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold Sanibel Community Church harmless of and from any and all liability of whatever nature which may arise out or result from such participation.

For the consideration stated above, I further agree that in the event that my teen or I should make any claim against the church for damages arising out of the above-named program, activity or sport, I will personally indemnify, defend, and hold harmless the church and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understand this agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Signatures:

Parent _____ Date _____

Guardian _____ Date _____

Notary _____ Date _____

Notary's Signature _____

Notary's Printed Name _____

(SEAL)