

# 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 child to participate in **Children's Ministry 10/1/09 - 9/30/10** sponsored events organized by Sanibel Community Church.

Child'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 child: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

or 2. Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Please check all of the following that apply:

\_\_\_\_\_ I give permission for my child to ride van/bus transportation provided by SCC.

\_\_\_\_\_ I give permission for my child's picture to be used in SCC promotions.

\_\_\_\_\_ I would like to speak to someone about scholarships.

**\*NOTE: Children will only be dismissed to a parent/guardian or individual specified below. If your child(ren) is to be picked up by someone whose name does not appear on this registration form, a signed note indicating who will pick up your child(ren) is required.**

The following individuals have permission to pick my child up:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does this child have any of the following allergies?:

Penicillin \_\_\_\_\_ Food: \_\_\_\_\_

Other Drugs \_\_\_\_\_

Insect Stings \_\_\_\_\_

Hay Fever \_\_\_\_\_ Other: \_\_\_\_\_

Ivy Poisoning, etc. \_\_\_\_\_

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

Yes       No      If yes, describe the problems or illnesses:

\_\_\_\_\_

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

\_\_\_\_\_

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

\_\_\_\_\_

Is there medical or hospitalization insurance which provides benefits for this child? \_\_\_\_\_

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 child's last tetanus shot \_\_\_\_\_

Are there any activities, such as strenuous activities, to be restricted for this child? \_\_\_\_\_

If so, describe: \_\_\_\_\_

\_\_\_\_\_

Is this child on any medications? \_\_\_\_\_ If so, please state the medication:

\_\_\_\_\_

\_\_\_\_\_ If so, will this child

be bringing to an Activity the medications that he/she should be taking? \_\_\_\_\_.

Describe any dietary restrictions that this child is required to observe: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that, in the event my child 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 child's medical allergies, medications being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

**Signatures:**

Parent \_\_\_\_\_

Date \_\_\_\_\_

Guardian \_\_\_\_\_

Date \_\_\_\_\_

Notary \_\_\_\_\_

Date \_\_\_\_\_

Notary's Signature

\_\_\_\_\_  
Notary's Printed Name

(SEAL)

**(Please complete reverse side)**

**Sanibel Community Church  
WAIVER AND INDEMNITY AGREEMENT  
(PARENT / GUARDIAN)**

Program **Children's Programs 10/1/09 - 9/30/10**

Name of Participant \_\_\_\_\_

In consideration of your accepting my child 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 child that arise out of the Children's programs, 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 child 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)