

ST. PETER'S ANGLICAN CHURCH YOUTH MINISTRY

Student Information / Medical Release Form 2010-2011

Student Name _____ Date of Birth _____

Address _____ City _____ State _____ Zip _____

Student Home # (_____) _____ Student Cell # (_____) _____

Social Security # _____ Sex _____ Height _____ Weight _____

Student Email _____ School _____ HS Grad Year _____

Emergency Contact Person:

Parent(s)/Guardian _____

Address _____ City _____ State _____ Zip _____

Home # (_____) _____ Work # (_____) _____ Cell # (_____) _____

Parent(s) Email _____

Alternate Contact Person (use someone near the primary contact):

Name _____

Address _____ City _____ State _____ Zip _____

Home # (_____) _____ Work # (_____) _____ Cell # (_____) _____

Do you have health insurance? _____ Yes _____ No

Name of insurance company _____

Policy # _____ Group # _____

In whose name is the insurance? _____

Family Doctor _____ City _____ Phone # _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity.

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Student Name _____

List any pre-existing or present medical conditions _____

Name and dosage of any medications that must be taken _____

Any allergies? _____ to Medications? _____

_____ Hay Fever _____ Heart Condition _____ Diabetes _____ Insect Stings

_____ Epilepsy/Nervous Disorders _____ Asthma _____ Frequent Stomach Upsets _____

_____ Physical Handicap _____ Any Major Illnesses During the Past Year?

If any of the above are checked, please give details (i.e., include normal treatment, etc.): _____

Date of last Tetanus shot _____ Contact Lenses? _____

Any swimming restrictions? _____ No _____ Yes What? _____

This consent form gives permission to seek whatever medical attention is deemed necessary by any agents of St. Peter's Anglican Church ("the Church"), and releases the Church and its agents of any liability against personal losses of named child.

I, 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. Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, and hayrides.

I understand that there are inherent risks involved in any ministry or athletic event and I hereby release the Church, its priests, 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 child's involvement.

I understand and acknowledge that while myself, family and/or child(ren) are involved in Church activities, we may be a part of pictures or film taken by representatives of the Church. I hereby release and give my permission to the Church to publish any such image of myself, my family, child(ren) in any combination of still picture or film format for advertisements, including the website, newspaper, or images presented in theatres.

In the event that he/she is injured and requires the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician or dentist selected any agents of the Church including, but not limited to, hospitalization, injections, anesthesia, or surgery for my child. In the event treatment is required from a physician, dentist and/or hospital personnel designated by the Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also 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 affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force for the student named above. I also agree to bring my child home at my own expense should they become ill or if deemed necessary for any reason (including misbehavior) by any agent of the Church.

Parent/Guardian signature _____ Date _____

Print Name(s) _____

FOR NOTARY USE ONLY:

STATE OF FLORIDA / COUNTY OF LEON

The foregoing instrument was acknowledged before me this _____ day of _____, _____, by _____, who is/are personally known to me or who has/have produced driver license(s) as identification.

My Commission expires: _____

Notary Public Signature: _____

Printed Name: _____

Serial Number: _____