

## 2017-2018 Medical Release and Permission Form

Child's Name	Date of Birth	Boy / Girl	Grade	Baptized Yes/No	Receiving Communion Yes/No	Allergies

Parent/Guardian Name: \_\_\_\_\_

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

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

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

Primary Care Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Alternate Phone: \_\_\_\_\_

### Emergency Contact (Other than parents)

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Phone Number \_\_\_\_\_

I/We hereby grant permission for these child/children to participate in all church activities (on and off-site events) as long as an adult 21 years of age or older is present.

I/We grant permission for these child/children to be transported to off-site events. Any transportation required for said off-site events will be provided by an adult 21 years of age. In the event of an accident, I release all parties from liabilities.

I/We are responsible for all transportation to and from Good Shepherd events unless otherwise specified. In the event that it should be necessary for my/our child to return home due to medical reasons or otherwise, I/We are responsible for the transportation of said child/children and any of the child's/children's belongings, including the cost of transportation.

I/We retain the responsibility for any and all bodily injury, loss, or damage of personal property.

I/We consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care under the general or special supervision and upon the advice of or to be rendered by a physician and surgeon licensed under the Medical Practice Act for my child/children. This authority also extends to any x-ray examination, anesthetic, dental, or surgical diagnosis or treatment and hospital care by a dentist licensed under the Dental Practice Act for my child/children. I further agree to pay all charges for the dental, medical, or hospital care and treatment.

As parent/s or legal guardian/s of my/our child/children, I/We are responsible for the health care decisions of said child/children and are authorized to consent to the services to be rendered. I/we represent that this consent to an agreement to pay for the dental, medical, or hospital care or treatment to be rendered to said child/children is legally sufficient and that no consent from any other person is required by law.

In the event of an emergency regarding illness or injury, I/We hereby authorize Good Shepherd personal and or its adult representatives to arrange transportation to the nearest hospital which may render emergency treatment. I/We agree to pay in full any costs that result in from this transportation.

Photos of these child/children may be used in future Good Shepherd publicity, Good Shepherd's website, and Good Shepherd Youth Group networking. No names will be listed with photos.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_