

# After School Adventures Medical Release Form

Please complete *one* (1) form for *each* child.

## Child Information:

Name: \_\_\_\_\_ Gender: M F Grade: \_\_\_\_\_  
Birthdate: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_ — \_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

## In Case of an Emergency:

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_ — \_\_\_\_

Allergies (e.g., medications, foods, insect stings, etc.): \_\_\_\_\_

Health conditions (e.g., diabetes, cardiac, epilepsy, etc.): \_\_\_\_\_

Prescribed medications: \_\_\_\_\_

Date of last tetanus shot (if known): \_\_\_\_\_

Health Insurance Policy (or provide copy of card): \_\_\_\_\_

*~ Policy information requested in case of emergency. In the event of an emergency, parent/legal guardian will be notified immediately ~*

## Consent & Release from Liability:

I, the parent or legal guardian of the child named on this form, hereby attest that the health information detailed above is correct, so far as I know. While realizing that I will be contacted in a medical emergency, I hereby give my permission to the physician, nurse or dentist selected by the *Brockport Free Methodist Church personnel* to secure medical and dental aid as required for illness or injury under a physician's orders, including transportation to and from the necessary facility.

I hereby acknowledge that it is my desire for my child to participate fully in the After School Adventures program, an activity sponsored by *Brockport Free Methodist Church*, which occurs October 2009 – June 2010.

I ACKNOWLEDGE THAT MY CHILD IS VOLUNTARILY PARTICIPATING IN AFTER SCHOOL ADVENTURES, INCLUDING ITS ACTIVITIES WITH KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY AS A RESULT OF SUCH PARTICIPATION.

As lawful consideration for permitting my child to participate in After School Adventures, I hereby release and discharge the *Brockport Free Methodist Church, its officers, employees, agents and its official Boards* from all actions, claims or demands I and my heirs, distribute, guardians, legal representatives or assigns now have or may hereafter have for any injury or damages resulting from the negligence or other acts, however caused, by such church, officers, employees, agents and its official Boards, before or during my child's participation in such church-sponsored activities on and/or away from the church premises, including transportation to and from.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND AN ASSUMPTION OF RISKS AND SIGN IT OF MY OWN FREE WILL.

This Consent and Release From Liability shall remain effective until revoked in writing and delivered to any officer, employee or agent of *Brockport Free Methodist Church*.

Executed this \_\_\_\_\_ day of \_\_\_\_\_ (month), 20\_\_\_\_, at \_\_\_\_\_ (time).

\_\_\_\_\_  
(Signature of Parent/Legal Guardian)