

## Medical Release Form

"Giddyup Junction" Vacation Bible School

All Saints Parish, St. James/St. John the Baptist and Sacred Hearts Parish—June 24–June 28, 2019

I(we), the undersigned parent(s) or guardian(s) of \_\_\_\_\_, minor(s), do hereby authorize adult volunteers of Sacred Hearts Parish, St. James/St. John the Baptist and All Saints Parish as agent(s) of the undersigned, to consent to any medical or surgical care deemed advisable by any accredited physician or surgeon in an approved emergency clinic or hospital. I further release from any liability Sacred Hearts Parish, St. James/St. John the Baptist and All Saints Parish and any of its ministries or leaders, in the event of an accident in route, during and returning from the above mentioned event. This agreement does not apply to claims for intentional misconduct or gross negligence.

Parent/Legal Guardian (please print): \_\_\_\_\_

Parent/Legal Guardian (please sign): \_\_\_\_\_

Date Signed: \_\_\_\_\_

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

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

Health Insurance Company: \_\_\_\_\_

Policy or Group Number: \_\_\_\_\_ Phone: \_\_\_\_\_

If parent/legal guardian is not available in an emergency, please contact:

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

Please list any allergies. Include medications, foods, etc: \_\_\_\_\_

Does your child(ren) have any medical or special needs, including medications currently being used?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

***Please note that we do not administer any medication. Students requiring medication must be able to self-medicate or have a parent remain with them.***