

## SJD Youth: Student Medical Consent and Release Form

My child, \_\_\_\_\_, has my permission to attend and participate in any SJD Youth event or activity from August 1, 2009-August 31, 2010. I represent that my child is healthy and capable of participating in all activities without causing risk of danger, illness, or accident to himself/herself, or to others.

I agree to hold harmless the leaders of the church in the event of any accident or injury. In the event that my child requires medical attention while participating in an SJD Youth event, I understand that an adult sponsor of the trip/event will make every reasonable attempt to contact me. In the event that I cannot be contacted, I consent to any medical attention deemed appropriate. In the event that treatment is called for, which the medical provider refuses to administer without consent, I hereby authorize an adult sponsor\* to give such consent for me if I cannot be contacted immediately or, because of an emergency, there is no time or opportunity to make contact. In the event that it is necessary for that person to give consent, I agree to hold such person free and harmless of any liability for damages arising from giving such consent.

\*Adult sponsors include:                      David Russell, Jenni Jensen, Zach Meeks, Cody Andras, Ben Phillips

I declare that my child is covered by medical insurance and/or that I am responsible for any and all expenses incurred by my child whether covered under insurance or not.

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

Relationship to participant \_\_\_\_\_

**CONTACT INFORMATION:**

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

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

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

Emergency contact name: \_\_\_\_\_

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

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**MEDICAL INSURANCE INFORMATION:**

Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_ Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Child's allergies to medications: \_\_\_\_\_

Other allergies or conditions: \_\_\_\_\_

Comments: \_\_\_\_\_

My Child May Receive (Circle those which apply):

Advil                      Tylenol                      Aleve                      Pepto Bismol                      Benadryl                      Sudafed

**(Please include a copy of both sides of insurance card with registration form)**

Please Return to:  
Cody Andras  
St. John the Divine  
2540 River Oaks Blvd  
Houston, TX 77019

\*\*Complete this form once per year\*\*