

Sanibel Community Church

1740 Periwinkle Way

Sanibel, FL 33957

239-472-2684

PERMISSION AND MEDICAL CONSENT

As parent or legal guardian, I hereby give permission for my teen to participate in 2019-2020 Youth Activities sponsored by Sanibel Community Church H2O.

Teen's Full Name: _____

Sex _____ Last _____ First _____ Middle _____ Nickname _____

Birthdate _____ Age _____ Grade _____

School _____

Parent or Guardian Name: _____

Home Address: _____

(_____) (_____) (_____)

Home Phone Business Phone Cell Phone e-mail address please print

If not available in an emergency, notify:

1. Name: _____ Relationship to teen: _____

Address: _____

Home Phone

Business Phone

Cell Phone

or 2. Name: _____ Relationship to teen: _____

Address: _____

Home Phone

Business Phone

Cell Phone

Please check all of the following that apply:

_____ I give permission for my teen to ride van/bus transportation provided by SCC.

_____ I give permission for my teen's picture to be used in SCC promotions.

_____ I would like to speak to someone about partial scholarships.

Does this teen have any of the following allergies?:

Penicillin _____

Other Drugs _____

Insect Stings _____

Hay Fever _____

Ivy Poisoning, etc. _____

Food: _____

Other: _____

Does this teen have any medical or health problems, and has this teen had any chronic or recurring illness or illnesses, which would have an effect on the teen's participation in Activities?

Yes

No

If yes, describe the problems or illnesses:

State the name, address, medical specialty and phone number of this teens family physician and of any other physician who should be consulted in the event of emergency or medical problems involving this teen: _____

State the name, address, and phone number of this teen's dentist (and orthodontist if applicable): _____

Is there medical or hospitalization insurance which provides benefits for this teen? _____
If so, please indicate:

Name of Insurance Co. _____
Policy # of Insurance Policy _____
Name of Policy Holder _____
Phone # of Insurance Co. _____

Indicate the date of this teen's last tetanus shot _____

Are there any activities, such as strenuous activities, to be restricted for this teen? _____
If so, describe: _____

Is this teen on any medications? _____ If so, please state the medication: _____

_____ If so, will this teen
be bringing to an Activity the medications that he/she should be taking? _____

Describe any dietary restrictions that this teen is required to observe: _____

Other comments or suggestions from the parent or guardian concerning this teen: _____

I understand that, in the event my teen requires medical or dental treatment while engaged in an Activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the Activity, as agent for me, to consent to any X-ray examination; injections; anesthesia; medical, dental or surgical diagnosis and treatment; and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital.

(please turn over)

To the best of my knowledge, I have listed above all of my teen's medical allergies, medications being taken, medical problems and other pertinent information. My teen has permission to participate in all prescribed activities except as noted by me.

Signatures:

Parent _____

Date _____

Guardian _____

Date _____

Notary _____

Date _____

Notary's Signature

Notary's Printed Name

(SEAL)

***Note that there are notaries available at the church office if you ever need one.**

(Please complete reverse side)

**Sanibel Community Church
WAIVER AND INDEMNITY AGREEMENT
(PARENT / GUARDIAN)**

Program _____ **H2O Youth Trips**
Name of Participant _____

In consideration of your accepting my teen for participation in the above-named program, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against Sanibel Community Church and its agents, employees, representatives, successors and assigns, for any and all injuries suffered by myself or my teen that arise out of the Children's programs, activity, or sport sponsored by Sanibel Community Church.

I warrant that I have the right to authorize the foregoing and do hereby agree to hold Sanibel Community Church harmless of and from any and all liability of whatever nature which may arise out or result from such participation.

For the consideration stated above, I further agree that in the event that my teen or I should make any claim against the church for damages arising out of the above-named program, activity or sport, I will personally indemnify, defend, and hold harmless the church and its agents, employees, representatives, successors, and assigns against any and all loss and damage occasioned thereby, including attorney's fees.

I have read and understand this agreement and have willingly placed my signature below as evidence of my acceptance of all the conditions contained herein.

Signatures:

Parent _____ Date _____

Guardian _____ Date _____

Notary _____ Date _____

Notary's Signature

Notary's Printed Name

(SEAL)