

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 child to participate in **Children's Ministry 10/14/20 - 9/30/21** sponsored events organized by Sanibel Community Church.

Child's Full Name: _____

Sex _____ Last _____ First _____ Middle _____ Nickname _____

Birthday _____ 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 child: _____

Address: _____

Home Phone Business Phone Cell Phone

or 2. Name: _____ Relationship to child: _____

Address: _____

Home Phone Business Phone Cell Phone

Please check all of the following that apply:

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

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

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

***NOTE: Children will only be dismissed to a parent/guardian or individual specified below. If your child(ren) is to be picked up by someone whose name does not appear on this registration form, a signed note indicating who will pick up your child(ren) is required.**

The following individuals have permission to pick my child up:

Name: _____ Phone Number: _____

Does this child have any of the following allergies?

Penicillin _____ Food: _____

Other Drugs _____

Insect Stings _____

Hay Fever _____ Other: _____

Ivy Poisoning, etc. _____

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

Yes No If yes, describe the problems or illnesses:

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

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

Is there medical or hospitalization insurance which provides benefits for this child? _____
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 child's last tetanus shot _____

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

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

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

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

Other comments or suggestions from the parent or guardian concerning this child:

I understand that, in the event my child 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. To the best of my knowledge, I have listed above all of my child's medical allergies, medications being taken, medical problems and other pertinent information. My child 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)

(Signature required on the next page. Please complete reverse side)

Notary available at SCC M-Th (8am to 4pm) in the Church Office

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

Program **Children's Programs 10/14/20- - 9/30/21**

Name of Participant _____

In consideration of your accepting my child 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 or illnesses suffered by myself or my child 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 child 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)