

M or F

# Medical Release and Permission Form: 2020/2021

Valid January 19th, 2020 – August 31, 2021

Child's Name \_\_\_\_\_ Child's Phone \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City : \_\_\_\_\_ Zip \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian E-Mail Address: \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Other # \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Other # \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

In case of emergency notify \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Family Insurance Co. \_\_\_\_\_ Phone \_\_\_\_\_

## Medical History

Currently Experiences: (check all appropriate information)

\_\_\_\_ Asthma \_\_\_\_ Sinusitis \_\_\_\_ Bronchitis \_\_\_\_ Kidney trouble \_\_\_\_ Heart trouble \_\_\_\_ Diabetes

\_\_\_\_ Dizziness \_\_\_\_ Stomach Upset \_\_\_\_ Hay Fever \_\_\_\_ ADD \_\_\_\_ ADHD Other: \_\_\_\_\_

Allergies: Foods: \_\_\_\_\_

Penicillin or other drug: \_\_\_\_\_ Insect Sting/Bites \_\_\_\_\_

Poison Ivy, Oak, Sumac: \_\_\_\_\_

Special Diet (Name) \_\_\_\_\_

Has had Childhood Diseases: \_\_\_\_ Chickenpox \_\_\_\_ Measles \_\_\_\_ Mumps \_\_\_\_ Whooping Cough

Other Information \_\_\_\_\_

## ..... Authorization

State of Michigan

County of Wayne

My child \_\_\_\_\_ has permission to travel with Metro City Church (Generation City) or attend, all 2020/2021 children's and youth ministry activities (including, but not limited, Lock-Ins, Retreats, and any off campus Bible Study). While I understand that the Church will take all reasonable steps to provide individual care and safety for my child, I am aware that the Church or their employees or agents cannot assume any responsibility for any injury, damage or harm which might result during the course of any activity during functions so sponsored. In consideration of permitting my child to participate, I agree that full responsibility will remain with me, as a parent or guardian of my child. Should any claim be asserted by any person as a result of the acts of my claim against the Church or its employees or agents, I agree to indemnify and hold the Church harmless from any such claim, including attorney fees and costs incurred by the Church in defense thereof.

I further authorize medical treatment for my child in the event of illness or injury sustained in my absence while my child participates in the course of activities provided by the Church

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