

Notes: _____
(Admin Use Only)

St. John's Methodist Church Medical Release and Consent Form

Form for Participant and/or Parent/s/ Guardian including a Release of Liability and Agreement to Indemnify,
Medical Authorizations, and a Publicity Release. (2 Pages)

Date _____

Participant's Information:

Participant's Name _____

Goes By _____ Date of Birth _____

School Grade _____ Mobile Phone _____

Address _____

Email _____ Home Phone _____

Parent(s) or Guardian Information:

Parent Name _____

Parent(s) Home Phone _____ Parent Email _____

Address _____

Preferred Method of Contact _____

Business Phone _____ Mobile Phone _____

Other Authorized Person for Contact (Adult):

Name _____ Relationship _____

Address _____

Home Phone _____ Mobile Phone _____

Medical Information:

Physician's Name _____ Phone Number _____

Health Insurance Information-Fill in Information below and attach a copy of the **front and back** of your
insurance card.

Health Insurance Company _____ Policy # _____

Address _____

Phone Number _____ Health Insurance Agent _____

Health Information:

Allergies or/and Intolerance_____

Recent Illness or Injuries_____

Authorized Medication_____

Date of Last Tetanus Booster_____

(All participants **MUST** have a current tetanus inoculation within the past 10 years)

List any other Health Conditions_____

Check one:

☐ My child has an emergency action plan and a director of the coordinating ministry has been notified and trained as to proper procedure as designed by a medical professional. Also, the proper action plan form has been filled out and given to this representative of St. John's MC.

☐ My child does not have a known condition or illness that requires an action plan.

I, _____, parent or legal guardian of _____

Authorize the leaders of St. John's MC to act as my agent to consent to emergency transportation, examination, X-Ray, anesthesia, injection, medical, dental, or surgical diagnosis or treatment and hospital care as advised and administered by any physician, dentist, or surgeon licensed to practice under the laws of the state where the services are rendered, either at a doctor's office, clinic or hospital. **Should there be no representative of St. John's MC available, I give permission to the attending physician to treat my minor child.** I understand that every attempt will be made to contact the parent or guardian in the event of an emergency. I, therefore, assume all responsibility for the decision so made, and the emergency care of treatment so secured for my child. I further release St. John's MC, it's staff, and any other leaders from responsibility and liability for any injury or illness that my child may sustain during the event or transportation involving the event, whether caused by the negligence or otherwise of the leaders or representatives of St. John's MC, except that which is the result of willful wanton misconduct. I understand that payment is due at the time of treatment and I agree to repay St. John's MC for any payments they make on behalf of my child.

Media Release: In consideration for the participant being allowed to attend and participate in St. John's activities, I authorize St. John's to record the participant on or in photographs, films, audiotapes, and/or videotapes and to incorporate and use these recordings in any manner of media whatsoever, including unrestricted use of the recordings for purposes of publicity and advertising and hereby release, discharge, and hold harmless St. John's from any and all claims and liability for damages, losses, or expenses of any sort relating to the recordings.

I have carefully read this document and fully understand its contents.

Participant's Signature_____

Parent (s)/Guardian Signature_____

Printed Name of Parent/ Guardian_____

THIS FORM MUST BE SIGNED BY THE PARENT(S)/GUARDIAN IF THE PARTICIPANT IS A MINOR.

In compliance with St. John's Safe Sanctuary Policy, July. 2024.