

San Jose Church of Christ Parental Consent/Medical Release Form

(Please fill out completely in blue or black ink)

Full Name _____
Address _____ Date of Birth _____
City/State/Zip _____
Cell Phone _____ Work Phone _____
Medical Insurance Co. _____ Policy Group No. _____
Name of Family Doctor _____ Doctor Phone _____

Please list and prescriptions and over the counter medications _____

In case of a minor medical event, adult (over 25) agents representing the San Jose Church of Christ have permission to administer the following medications to the subject of this form. (Please check those approved)

_____	Decongestant	_____	Emetrol
_____	Antacid	_____	Cough Syrup
_____	Acetaminophen	_____	Ibuprophen
_____	Hydrocortisone Cream	_____	Throat/Cough Lozenge
_____	Benadryl	_____	None of the above
			Others

Allergies _____

Medical Conditions _____

(Use reverse side if necessary)

Emergency Contacts/Numbers if parent or guardian is unavailable:

1st Choice: _____

2nd Choice: _____

I, _____, the legal guardian of the subject of this form, authorize the administration of appropriate medical treatment to the subject of this form. I understand that in the event that medical treatment is needed, every attempt will be made to contact the legal guardian of the subject of this form before any action is taken. Determination of appropriate medical treatment will be made by a licensed medical professional. The undersigned assumes responsibility for all costs and expenses incurred in connection with medical services rendered.

Should it be necessary for the subject of this form to return home due to medical reasons, disciplinary reasons, or otherwise, the undersigned shall assume all transportation costs.

I accept the guarantee that the San Jose Church of Christ and its agents will take all reasonable precautions while entrusted with the supervision of the subject of this form. Under those conditions, I release from responsibility and hold harmless the SAN JOSE CHURCH OF CHRIST, and any of its representatives, for any accident, injury, or disease incurred by the subject of this form while participating in any event of the San Jose Church of Christ.

Signature (Parent or guardian if subject is under 21)

Date

Witnessed by Notary Public this _____ day of _____

Notary Public Signature _____ ID: _____