

Parental Consent and Liability Release Form



Participant's Name _____ Age _____ Birthdate _____

Address _____ City _____ State _____ Zip _____

School _____ Grade Completed as of May 2020 _____

Parent(s)/Guardian(s) Names _____

Cell Phone _____

To Whom It May Concern:

The undersigned do(es) give permission for my(our) child: _____ to attend and participate in Ministry Events sponsored by Getwell Church May 2020 to May 2021.

Liability Release: In consideration of Getwell Church allowing the Participant to participate in ministry sponsored events, we (I), the undersigned, do hereby release, forever discharge and agree to the hold harmless Getwell Church, its trustees, employees, volunteers and agents (collectively herein the "Church") from any and all liability, claims or demands for accidental personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the participant while involved with ministry sponsored events. We (I) the parents or legal guardians of this participant hereby grant our (my) permission for the participant to participate fully in ministry sponsored events including trips away from the church premises. Furthermore, we (I) and on behalf of our (my) minor participate, hereby assume all risk of accidental personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved herein. Further, authorization and permission is hereby given to the said Church to furnish any necessary transportation (within the limitations of church insurance and the law), food and lodging for this participant. The undersigned further hereby agrees to hold harmless and indemnify said Church for any liability sustained by said Church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. **Medical Treatment Permission:** We (I) authorize and adult, in whose care the participant has been entrusted to, consent to any emergency x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the Medical Practice Act on the medical staff of a licensed hospital or emergency care facility. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child or youth pursuant to this authorization. We (I) authorize the adult leaders to act on our (my) behalf in ordering such treatment. **Early Return Home Policy:** I (we) understand that Student's lack of cooperation with Getwell Church policies/rules/values will result in Student's immediate return home. If Student returns home for any reason, I (we) shall assume all transportation costs. TO THE FULLEST EXTENT PERMITTED BY LAW, I (WE) HEREBY AGREE TO UNCONDITIONALLY RELEASE, WAIVE, RELINQUISH, COVENANT NOT TO SUE, DEFEND, INDEMNIFY, AND FOREVER HOLD GETWELL CHURCH, ITS AFFILIATES, AND ALL OF THEIR TRUSTEES, EMPLOYEES, MINISTERS, VOLUNTEERS, SUCCESSORS, AND ASSIGNS HARMLESS FROM ANY AND ALL LIABILITY, ACTIONS, CLAIMS, EXPENSES, AND DAMAGES ON ACCOUNT OF INJURY TO STUDENT, PROPERTY DAMAGE, OR DEATH, WHICH I NOW HAVE OR WHICH MAY ARISE IN THE FUTURE DIRECTLY OR INDIRECTLY ARISING OUT OF OR IN ANY WAY RELATING TO THE PROVISION OF MEDICAL TREATMENT, TRANSPORTATION, OR STUDENT'S PARTICIPATION IN THE ACTIVITIES OF ANY KIND OR NATURE WHEREVER OR HOWEVER THE SAME MAY OCCUR OR DURING TRANSPORTATION TO OR FROM THE ACTIVITIES, WHETHER CAUSED IN WHOLE OR IN PART FROM THE NEGLIGENT ACTS AND/OR OMISSIONS OF GETWELL CHURCH. I (WE) AGREE TO BEAR ALL COSTS, INCLUDING ATTORNEYS' FEES, LITIGATION COSTS, EXPENSES, OR JUDGMENTS RESULTING FROM ANY CLAIMS OR LAWSUITS FILED BY ANYONE FOR STUDENT'S BODILY INJURY (INCLUDING, BUT NOT LIMITED TO, ILLNESS, ACCIDENTS, AND DETENTION), DEATH, OR PROPERTY DAMAGE, WHICH IS ALLEGED TO HAVE RESULTED FROM STUDENT'S PARTICIPATION IN THE ACTIVITIES, OR EVENTS OF ANY NATURE THAT OCCUR DURING THE ACTIVITIES OR DURING TRANSPORTATION TO OR FROM THE ACTIVITIES. IT IS THE INTENTION OF THE PARTIES HERETO THAT I (WE) WILL PROTECT THE RELEASED PARTIES FROM ANY LIABILITY FOR BODILY INJURY (INCLUDING, BUT NOT LIMITED TO, ILLNESS, ACCIDENTS, KIDNAPPING, AND DETENTION), PROPERTY DAMAGE, OR DEATH AS A CONSEQUENCE OF STUDENT'S PARTICIPATION IN THE ACTIVITIES, WHETHER OR NOT THE BODILY INJURY (INCLUDING, BUT NOT LIMITED TO, ILLNESS, ACCIDENTS, AND DETENTION), PROPERTY DAMAGE, OR DEATH IS CAUSED BY ACTS OR OMISSIONS OF RELEASED PARTIES OR ANY THIRD PARTY (INCLUDING OTHERS WHO MAY BE PARTICIPATING IN THE ACTIVITIES, INCLUDING DURING TRANSPORTATION). BY MY(OUR) SIGNATURE BELOW, I(WE) HEREBY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF BODILY INJURY (INCLUDING BUT NOT LIMITED TO ILLNESS, ACCIDENTS, AND DETENTION), PROPERTY DAMAGE, OR DEATH TO STUDENT DUE TO THE ORDINARY NEGLIGENCE OF RELEASED PARTIES AND THE ORDINARY NEGLIGENCE, GROSS NEGLIGENCE, OR WILLFUL MISCONDUCT OF ANY THIRD PARTY, INCLUDING OTHERS PARTICIPATING IN THE ACTIVITIES. **Modesty Policy:** The undersigned and the participant understand the modesty policy and will adhere to it. If not adhered to, the participant will be asked to change or taken by a staff member to purchase something more suitable for the event and the undersigned will be responsible for the cost. Coed events girls must be in one pieces and guys should wear non sagging and appropriate length shorts. **Transportation Permission:** The undersigned does also hereby give permission for the participant to ride in any vehicle driven by an approved volunteer while attending and participating in ministry events sponsored by Getwell Church. The participant and I understand that SEAT BELTS SHALL BE WORN AT ALL TIMES during transportation. **Photo Release:** We (I) give Getwell Church the right to use video or still photography of participant for any promotional or publicity.

Medical Insurance: Yes ____ No ____ Insurance Company _____

Policy/ Group ID# _____

*** I understand that if I do not have medical insurance, I as the parent or guardian, will be responsible for any medical expenses in the event of sickness and/or injury***

Please Provide a Copy of Current Insurance Card with this Form

Complete Next Page

Getwell Church
Medical Information Form
May 2020-May 2021



1. Any known allergies (food, insects, etc.)

2. Allergies to any medications

3. **List all medications currently taking, including strength and dosing instructions: please fill out daily dosage form on page 3**
4. Please check any medications you DO NOT consent to being administered to Student:
____ Advil/Motrin(ibuprofen) ____ Tylenol ____ Halls Menthol Cough Drops ____ Cepacol Throat Lozenges
____ Sudafed ____ Claritin ____ Robitussin DM ____ Benadryl ____ Oragel ____ Tums ____ Pepto Bismol
____ Imodium AD ____ Lubricant Eye Drops ____ Hydrocortisone Cream 1% ____ Triple Antibiotic Ointment
5. Check all that apply: ____ Asthma ____ Diabetes ____ Dizziness ____ Heart Trouble
____ Kidney Trouble ____ Mental Health Issues ____ Upset Stomach
____ Seizures ____ Sun Sensitivity ____ Migraines
____ Other (please explain) _____
6. Past surgeries and dates _____
7. Any physical disabilities/limitations? Any mental health issues/anxiety/sleep walking/night terrors?

8. Date of last tetanus shot: _____
9. Physician Name and Number _____
10. Dentist Name and Number _____

Emergency Contacts other than Parent/Guardian (To be contacted if Parent/Guardian can not be reached)

| | | |
|------------|--------------|--------------------|
| Name _____ | Number _____ | Relationship _____ |
| Name _____ | Number _____ | Relationship _____ |

For overnight trips all medications should be in the original bottles or in a daily medication box with instructions. All medication and instructions, in writing, are turned in to Sarah P.

Please Provide a Copy of Current Insurance Card with this Form

Parent Signature _____ Date _____

This form must be notarized

Sworn to subscribed before me, this ____ day of ____ of 20__

Notary Public _____

My Commission Expires:



Daily Medication Form

| Medication | Reason for Taking | When to be Given | Amount/Dosage | How it is Given |
|------------|-------------------|---|---------------|-----------------|
| | | <input type="checkbox"/> breakfast <input type="checkbox"/> lunch <input type="checkbox"/> dinner <input type="checkbox"/> bedtime | | |
| | | <input type="checkbox"/> breakfast <input type="checkbox"/> lunch <input type="checkbox"/> dinner <input type="checkbox"/> bedtime | | |
| | | <input type="checkbox"/> breakfast <input type="checkbox"/> lunch <input type="checkbox"/> dinner <input type="checkbox"/> bedtime | | |
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