



# Medical Release

Dear Parent or Guardian,

Please complete a separate release for each minor that will be participating in church activities. Please print all information.

**Student Personal Information:**

First & Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_

**Parent/Legal Guardian Information:**

Father's First & Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother's First & Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

**Insurance Information:**

Medical Insurance Company \_\_\_\_\_

Group Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Policy Holder \_\_\_\_\_ Comments \_\_\_\_\_

**Person other than parents to notify in case of emergency:**

First & Last Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_

**Personal Permission and Medical Information:**

In the event of an emergency where medical treatment is required, I give my permission to the staff or sponsor to obtain the services of a licensed physician. Please attempt to notify me immediately concerning any such emergency. I will check all the common, over-the-counter medications that my child may take.

- |                                                  |                                                         |                                              |
|--------------------------------------------------|---------------------------------------------------------|----------------------------------------------|
| <input type="checkbox"/> Acetaminophen (Tylenol) | <input type="checkbox"/> Milk of Magnesia               | <input type="checkbox"/> Betadine for wounds |
| <input type="checkbox"/> Immodium AD             | <input type="checkbox"/> Sudafed (decongestant)         | <input type="checkbox"/> Hydrogen Peroxide   |
| <input type="checkbox"/> Pepto-Bismol            | <input type="checkbox"/> Chlor-trimeton (antihistamine) | <input type="checkbox"/> Neosporin ointment  |
| <input type="checkbox"/> Tums                    | <input type="checkbox"/> Visine                         | <input type="checkbox"/> Benadryl            |
| <input type="checkbox"/> Motrin                  | <input type="checkbox"/> Robitussin (cough)             | <input type="checkbox"/> Caladryl lotion     |
| <input type="checkbox"/> Dramamine               | <input type="checkbox"/> Gatorade                       | <input type="checkbox"/> Hydrocortisone      |

**Are there any medications or foods that your child is allergic to?**

\_\_\_\_\_

**Please list prescription medications that your child must take while at the event.**

<i>Name of Medication</i>	<i>Dosage</i>	<i>Frequency</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please check any chronic health situations we need to be aware of:**

- Asthma     
  Diabetic     
  Seizures     
  ADD/ADHD     
  Motion Sickness  
 Bed Wetting     
  Sleep Walking     
  Other \_\_\_\_\_

\_\_\_\_\_

**I have read the above statements and the policies that are attached. I agree with their statements.**

**\*\*ONLY SIGN BELOW IN THE PRESENCE OF A NOTARY\*\***

**Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Notary signature** \_\_\_\_\_ **Commission Expires** \_\_\_\_\_

## Health Care Policy

1. All students traveling with Pure Heart will have a notarized medical information and release form on file.
2. Pure Heart Church will staff a medical advisor on events that require students to be away from home for more than 25 hours. This medical advisor's certification and license will be current and will be referred to as nurse in this document.
3. Parents will be responsible for making the nurse aware of any medical conditions or medications currently being taken.
4. Medications in the original container with physician's directions and over-the-counter medications approved by the parent on the medical form will be dispensed by the nurse. The nurse in charge has the authority to refuse medications not in the original prescription container.
5. In event of a medical emergency, 911 will be called immediately and every attempt will be made to contact the parent.
6. In the event of an illness, injury, or other medical emergency, the parent/guardian will be contacted immediately. In non-emergency situations, care will be given by the nurse.
7. It is the parent's responsibility to provide medical insurance for the student. It will be the parent's responsibility to assume all expenses for any medical treatment.
8. All visits to the nurse will be logged with date, time, reason, and treatment. This log will be kept on file for one year.
9. Pure Heart Church or parents/guardians will in no way hold the nurse, or any other adult liable for any student's health and/or treatment.

## Discipline Policy

1. The children's pastor has the authority and responsibility to create a positive and safe environment for all participants.
2. All students traveling with Pure Heart Church will conduct themselves in a civil manner, abiding by all rules and regulations set forth for the event. All students will show respect for all people, God, adults, and all peers.
3. Parents will assume the responsibility for student's behavior. Any student not conducting themselves in an appropriate way, which endangers them or others, will be sent home at the parent's expense, as deemed necessary by the student's pastor.
4. The student's pastor has all authority to use appropriate discipline measures suitable for the behavior. These measures may result in lost privileges, phone calls home or possibly being sent home.
5. Property damages will be repaired and/or replaced at the parent's expense.

I have read the medical release and discussed the discipline policy with my child. We understand the consequences of misbehavior and accept full responsibility for the choices that will be made while attending the above-mentioned event.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_