



Student Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ S: \_\_\_\_\_ ZIP: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Family Insurance Co.: \_\_\_\_\_ Policy # \_\_\_\_\_

**Medical History**

Medical Concerns: \_\_\_\_\_

Allergies to food, medicine, etc. \_\_\_\_\_

Previous operations or serious illnesses: \_\_\_\_\_

Current Medications: \_\_\_\_\_

**Emergency Contacts**

Family Contact Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Other Contact Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Preferred Hospital**

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

**PERMISSION FOR TREATMENT**

I (and, if applicable, the student's other custodial parent) further consent and authorize that if in the sole discretion of the adults in charge of said activity, the above-named student is in need of emergency medical treatment during the period above noted, any such adult may give consent (on my behalf as parent/guardian and, if applicable, the student's other custodial parent) to such treatment, and may sign appropriate consent forms on my behalf (and, if applicable, on behalf of the student's other custodial parent) the same effect as if I (and, if applicable, the student's other custodial parent) had personally signed such consent form. I (and, if applicable, the student's other custodial parent) hereby release, and agree to indemnify and hold harmless (1) Platte Woods United Methodist Church (hereinafter, the "Sponsor") as Sponsor and organizer of said event, and (2) all medical personnel providing such medical treatment to said student during said period, for any claims alleged to have arisen out of such participation or such treatment (in the absence of gross negligence or willful misconduct), and I (and the student's other custodial parent, if applicable) hereby further release the Sponsor and all persons associated with it for any claims that I, said minor, or anyone else (including, if applicable, the student's other custodial parent) have that arisen out of the participation in such event by said student, or the consenting to, or the providing of, any such emergency medical treatment to such minor (in the absence of gross negligence or willful misconduct). By accepting this form, the Sponsor agrees that, in the event of an emergency, reasonable efforts will be made to contact the responsible adult listed on this form as quickly as is feasible under the circumstances. In confirmation of the above, I sign this Consent and Release this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

STATE OF MISSOURI—COUNTY OF PLATTE

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

Seal:

NOTARY PUBLIC

My commission expires: \_\_/\_\_/\_\_\_\_