

South Carolina FWB Youth Ministries
Medical Information Form & Release of Liability
This Document has legal consequences, please read carefully.

_____ will be participating in _____
(student's name) (name of event)

Address: _____ City/ Zip Code _____

Parent/Guardian Phone: Day:(_____) _____ Evening: (_____) _____

Cell Phone:(_____) _____ Birthdate _____ Current Grade _____

Please list **TWO** individuals, other than yourself, to be called in case of emergency:

<u>Name</u>	<u>Relation</u>	<u>Area Code & Phone Number</u>
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Medical Insurance Carrier _____

Insurance Policy Number _____

Primary Care Physician Phone (_____) _____

Is your child allergic to any medication OR foods? Yes _____ No _____ If yes, please explain:

Does your child currently take any prescription medicine we should be aware of? _____ Yes _____ No

If yes please list: _____

Does your child have medication which must be administered IN CASE OF EMERGENCY? Yes _____ No _____

If yes please explain: _____

CONSENT FOR MEDICAL TREATMENT

This document has legal consequences, please read carefully.

I, the undersigned, do voluntarily agree to release and hold the SCFWB Youth Ministries Board, their officers and sponsors, workers, churches, association, and/or its agents harmless from any claim, demand or cause of action for injury to the above named participant(s) or damage to his/her personal property which arises out of or is in any way connected with the SCFWB Youth Ministries Board's programs.

I agree that the forgoing Release of Liability applies to persons or entities rendering emergency medical treatment. I hereby consent that my child may receive emergency medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

This release of Liability and Consent for Medical treatment shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

I, the undersigned, acknowledge that I have read the foregoing, and am fully aware of the legal consequences of signing this document.

Print Name _____

Sign Name _____ Date _____ Parent _____ Guardian _____

Revised 02/14