

# Medical Release and Waiver Form

I/We give consent for (print name of student) \_\_\_\_\_ to attend

(Name of Activity) \_\_\_\_\_ (Date (s) of Activity) \_\_\_\_\_,

Sponsored by Perinton Community Church.

- In the event that he or she is injured while under the care of Perinton Community Church and its representatives and requires medical attention, I hereby consent to and will be responsible for any reasonable medical treatment as deemed necessary by licensed medical personnel.
- I/We further agree to hold the licensed medical personnel, the medical facility, Perinton Community Church and its representatives free and harmless of any claims, demands or suits for damages arising from the authorization and provision of such medical treatment.
- I/We understand the nature of the event and do hereby release the Perinton Community Church and its representatives from any liability due to accident or injury incurred by my student.
- I/We agree to cover all costs if my student needs to be sent home for disciplinary reasons.

**Parent/Guardian Signature** \_\_\_\_\_

**Name of Parent/Guardian (print)** \_\_\_\_\_

**Student's Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/State/Zip** \_\_\_\_\_

**Telephone at home** (\_\_\_\_) \_\_\_\_\_

**Telephone at work** (\_\_\_\_) \_\_\_\_\_

**Other phone (specify cellular/pager, etc.)** (\_\_\_\_) \_\_\_\_\_

**Email** \_\_\_\_\_

**Student's birth date** \_\_\_\_\_ **Grade** \_\_\_\_\_

**School** \_\_\_\_\_

**Special Medications or Medication Allergies** (please Print)

**Primary Physician/Name of Practice** \_\_\_\_\_

**Physician's Phone** ( ) \_\_\_\_\_

**Insurance Company** \_\_\_\_\_

**Group #** \_\_\_\_\_ **Policy #** \_\_\_\_\_

Those in charge will take every possible safety precaution and every possible attempt will be made to contact parents or guardians immediately in the event of injury or other emergency!