

Medical Release Parent/Guardian Consent

(Including emergency medical treatment for all students under the age of 18)

Heartland Baptist Fellowship

21203 E 283rd St., P. O. Box 351

Harrisonville, MO 64702

PH: 816-380-3033

Fax: 816-887-9936

Student Name _____ Date of Birth _____

Address (include City, State, & Zip Code) _____

This is to certify that my relationship to the above-named student is: (check as applicable)

One of two custodial parents and I certify that I have the consent and authorization of the other parent to sign this consent/release form.

I am the sole custodial parent I am the legal guardian

Disabilities/Allergies (enter "None" if so) _____

Current Medications (include dose and times per day) (enter "None" if so) _____

Date of Last Tetanus: _____

Name of Private Physician _____ Phone: (____) _____

Name of Child's Dentist _____ Phone: (____) _____

Name of Medical Insurance _____

Mailing address for claims _____

Member's Name _____ Date of Birth _____

Member's social security number _____

Group Benefit Code _____ Identification Number _____

Name of Medication Insurance _____

Mailing address for claims _____

Member's Name _____ Date of Birth _____

Member's social security number _____

Group Benefit Code _____ Identification Number _____

Name of responsible adult in case of emergency _____

Address _____

Home Phone _____ Work/Cell Phone _____

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 (in my behalf as parent/guardian and, if applicable, the student’s other custodial parent) to such treatment, and may sign appropriate consent forms in my behalf (and, if applicable, in 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) Heartland Baptist Fellowship of Harrisonville, MO (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) might have 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 the reverse of this form as quickly as is feasible under the circumstances.

In confirmation of the above, I sign this Consent and Release this ____ day of _____, 2016.

Name (please print clearly)

Signature
Must be signed before a Notary

Address City State Zip

Social Security Number Daytime Phone w/Area Code Home Phone w/Area Code

State of Missouri)
 S.S.
County of Cass)

On this _____ day of _____, 2016.

_____ personally appeared before me whom I know personally, whose identity was proved to me on the basis of satisfactory evident, and who acknowledged the execution of the foregoing form and stated that the information therein set out is true and correct to the best of his/her knowledge and belief.

My Commission Expires:

Notary Public Signature
Seal: