



CHILD MEDICAL RELEASE FORM
Summit Ridge Community Church
505 W. Hardy Road Tucson, Arizona 85704
Effective: January 1, 2019–December 31, 2019
(One form per child-To be completed by Parent or Guardian)

Name of Child _____

Address _____

City _____ State _____ Zip _____

Phone _____ Birth Date _____ School Grade _____

Contact person in case of emergency _____

Phone _____ Cell Phone _____

Relationship to Participant _____

Allergies to medications; serious allergic reactions in nature; special health problems (please list or attach a separate sheet) _____

Prescription drugs or drug therapies: (please list or attach a separate sheet) _____

Family Physician _____

Address _____ Phone _____

Insurance Company _____

Policy # _____ Name of Insured (i.e. Father's name) _____

Initial Summit Ridge Community Church is not responsible for the loss or theft of personal belongings.

Initial Misconduct may result in transportation home from an activity at parents' expense. A child dismissed for a disciplinary reason will not receive a refund of the activity fee.

Initial I understand and authorize that my child's image may be photographed or filmed and used in video presentations, printed publications and the annual photo directory with their address of Summit Ridge Community Church Ministries including the internet website.

Initial I hereby assume the risks of my child participating in all Summit Ridge Community Church Children ministry activities.

Initial

I hereby authorize any licensed physician, emergency medical technician, hospital or other medical or health care facility to treat the minor named herein for the purpose of attempting to treat or relieve any injury received by said minor. I authorize any such Medical Provider to perform all procedures deemed medically advisable in attempting to treat or relieve any such injuries. I realize and appreciate that there is a possibility of complications and unforeseen consequences in any medical treatment, and I assume any such risk for and on behalf of myself and said minor. I understand that attempts will be made to contact me in the most expeditious way possible.

Initial

Permission is also granted to a Summit Ridge Community Church representative to provide the needed emergency treatment to the student prior to his admission to a medical facility. I give my permission to the staff to administer Tylenol/Acetaminophen, Advil/Ibuprofen, Benadryl/Diphenhydramine or over the counter antacids as needed.

Child's Name _____

Signature of Parent or Legal Guardian _____ Date _____