

FAIRMOUNT CHRISTIAN CHURCH

PARENT CONSENT AND MEDICAL RELEASE FORM

Child's Name _____

Grade _____ Gender _____ Date of Birth _____

Name of Parent(s) _____

Home Phone _____ Parent's Work or Cell Phone _____

Health Insurance Company _____

Policy # _____

List of known allergies and medications currently taken: _____

Name of Another Contact Person _____

Relationship to Student _____ Telephone Number _____

I, the parent or legal guardian of the student listed on this form, give my full approval for my child to participate in all Fairmount-sponsored events for the dates of June 1, 2019 – May 31, 2020.

I do authorize the above sponsor to give consent to a physician and/or hospital for emergency medical or surgical treatment while on this trip. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment. I do certify that my child is covered by adequate accident insurance.

I do allow the above sponsor to issue the following when medically necessary:
___ ibuprofen ___ acetaminophen ___ benedryl

I do allow Fairmount Christian Church to use photographs and video footage shot at the church sponsored programs of the individual named above for promotional materials.

My consent and signature is given below. I have read and agreed to the information given in this entire form.

(Signature of Parent or Legal Guardian)

(Date)