

Form N. 05

**HEALTH/MEDICAL RELEASE FORM
FOR SEVEN OAKS PRESBYTERIAN CHURCH**

530 St. Andrew's Road, Columbia, SC 29210

Phone: 803-772-1761 FAX: 803-772-1787

Please print clearly and answer as completely as possible. Complete a new form when information changes. All three signatures are required if both parents/guardians are living.

Participant _____ Age _____ Grade _____

Gender _____ Birthdate _____ Lives with (Mom) _____ (Dad) _____ (Guardian) _____

Mother's/Guardian's Name _____ Home # _____

Address _____ Work/Cell # _____

Father's/Guardian's Name _____ Home # _____

Address _____ Work/Cell # _____

If neither parent/guardian is available in an emergency, please notify:

Name _____ Home # _____

Relationship to participant _____ Work/Cell # _____

Is the participant covered by family medical/hospital insurance? Yes _____ No _____

If yes, please indicate:

Carrier _____

Policy/Group # _____

Operations or serious injuries and dates _____

Current medication and dosages _____

Name of participant's doctor _____ Office # _____

Name of participant's dentist _____ Office # _____

Name of participant's orthodontist _____ Office # _____

Dietary modifications _____

Prohibited activities _____

Allergies (food, animals, stings, weeds, etc.) _____

HEALTH HISTORY Date of last physical examination _____

Date of last tetanus shot (month/year) _____

Immunizations in childhood (yes) _____ (no) _____ Still needs: _____

| Health Issue/ Diseases | Yes | No | Comments/Relapses |
|------------------------|-----|----|-------------------|
| Mononucleosis | | | |
| Chicken Pox | | | |
| Asthma | | | |
| Heart Defect/Disease | | | |

If currently under psychiatric care, please inform group leader. Also please inform group leader of any other confidential information (phobias, major life events, etc.)

RELEASE STATEMENT

My/our child and I/we accept responsibility for the risks of participation in events sponsored by Seven Oaks Presbyterian Church and agree to participate safely and respectfully. If my/our child fails to act in a safe and respectful manner while participating in an activity, after adult correction and discipline, I/we understand that I/we will be responsible for retrieving my/our child from the activity and for any costs incurred during that process.

FURTHER, MY CHILD AND I/WE, AS HIS PARENTS AND OR LEGAL GUARDIAN(S), DO HEREBY RELEASE, WAIVE, AND FORFEIT ANY CLAIM OR RIGHT TO DAMAGES OR ANY OTHER REMEDY WE MAY HAVE FOR, OR ON ACCOUNT OF, ANY AND ALL NEGLIGENT ACTS OR OMMISIONS BY SEVEN OAKS PRESBYTERIAN CHURCH, ITS MEMBERS, STAFF, EMPLOYEES, OR AGENTS, WHICH MAY CAUSE INJURY OR LOSS TO MY CHILD DURING, OR IN ANY WAY CONNECTED TO, MY CHILD'S PARTICPATION IN ANY ACTIVITY OR EVENT SPONSORED OR PRODUCED BY SEVEN OAKS PRESBYTERIAN CHURCH.

This health history is correct, so far as I/we know, and the students herein described has permission to engage in all activities, except as noted. I/we hereby give permission to the medical personnel selected by the adult in charge, usually a church staff member or agent, to provide comprehensive treatment, including hospitalization and transportation, for my/our student. I/we understand that I/we have responsibility for the payment of such treatment and transportation. Further, I/we will not hold Seven Oaks Presbyterian Church, its members and staff, employees or agents, responsible for such payment.

Signature of Mother/Legal Guardian _____ **Date** _____

Signature of Father/Legal Guardian _____ **Date** _____

I agree to participate safely and respectfully in events sponsored by Seven Oaks Presbyterian Church. Further, I understand and agree to abide by any medical restrictions, named above, that have been placed on my activities.

Signature of Participant _____ **Date** _____