

2017 - 2018 Parental Consent and Release Form

for Haysville Christian Church

1306 W. Grand Ave. * Haysville, KS 67060 * 316-524-5000

Name of Student _____ Birth date _____ Age _____
Student's E-mail _____ Student's Cell _____
Address _____ City _____ State _____ Zip _____
Name of School _____ Year of High School Graduation _____
Parent/Guardian's Name(s) _____
Home phone _____ Cell phone _____ Work Phone _____
Parent/Guardian's E-mail _____

Health History

Please list below any allergies or special medical problems.

Allergies (i.e. Insect stings, medication, etc.) _____

Other medical conditions:

Heart condition Frequent colds Frequent stomach upsets Diabetes Epilepsy

Physical handicap Chronic asthma Other _____

If you checked any of the above, please give details (i.e. include normal treatment of allergic reaction):

Name(s) and dosage(s) of any medication(s) that must be taken: _____

Any swimming restrictions? NO Yes, explain _____

Any activity restriction? NO Yes, explain _____

Student may be given over-the-counter pain medication? Yes NO

Date of last Tetanus Shot _____

Health Insurance? Yes No (circle one)

Insurance Company _____ Policy Number _____

Physician _____ Physician phone _____

Second Emergency Contact _____ Phone _____

Relationship to student _____

To whom it may concern: The undersigned does hereby give permission for my/our child, named above to attend and participate in activities sponsored by Haysville Christian Church from June 1, 2017 to May 31, 2018. I (we) authorize an adult, in whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment and hospital care, to be rendered to the minor under the general or special supervision and advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. I (we) understand, however, that every effort will be made to contact me/us in case of an emergency and, if possible, before any such medical treatment is administered. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for my/our child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for my/our child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participation in activities sponsored by Haysville Christian Church. I (we) hereby release Haysville Christian Church from any responsibility other than normal supervision and care. In case of an accident, I (we) will not hold Haysville Christian Church, or its staff members, or volunteers liable unless guilty of negligence.

Parent/Guardian's signature _____ Date _____

Parent/Guardian's signature _____ Date _____

Student's signature _____ Date _____