



PERMISSION & MEDICAL FORM (Minor)

2017-2018 SCHOOL YEAR

DATE _____

This Permission Release Form and General Medical Authorization (Release) executed on today's date _____ by _____ (Undersigned) authorizes my/our child(ren): _____ (Participant)

to be a participant in the onsite and off-site activities of the above listed event/group/activity of St. Paul United Methodist Church, Louisville, Kentucky. Additionally, the Undersigned releases St. Paul United Methodist Church (St. Paul), The United Methodist Church, and any employees, directors, officers, and/or agents of the aforementioned organizations of any wrongdoing.

The Undersigned hereby authorizes the St. Paul United Methodist Church staff and/or appointed and documented Adult Leader to make any medical arrangements for my/our minor child/ren, which they may deem necessary while attending the above listed event.

Undersigned hereby releases and forever discharges St. Paul for any claim whatsoever which arises or may hereafter arise on accounts of any first-aid treatment or other medical services rendered in connection with an emergency during Participant's involvement with St. Paul.

Any medical personnel may rely upon this document as the authorization of the St. Paul staff and/or appointed and documented Adult Leader to arrange for needed medical care. We further designate the St. Paul staff and/or appointed and documented Adult Leader as our limited attorney-in-fact and personal representative to have access to our children's medical records, and to disclose the contents to others. This designation of our personal representatives is made in accordance with the provisions of 45CFR 164.502(g)(1), and as such authorizes each of our children's attending physicians and my other health care providers of any kind to provide our personal representatives with all rights that we possess in and to our children's medical and other protected health information under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

By signing below, Undersigned certifies that he/she is/are the parent(s)/legal guardian(s) of the following child/children under 18 years of age. Furthermore, by signing Undersigned expresses to have read this Release before signing below and fully understands the contents, meaning and impact of this release, and enter into this Release willingly and voluntarily.

Child's name: _____

Child's name: _____

Child's name: _____

Adult's name (print): _____

Adult's Signature: _____ **Date:** _____

Child(ren)'s Name(s)	Child(ren)'s Birthdate(s)

If St. Paul United Methodist Church staff and/or appointed and documented Adult Leader is unable to contact you in an emergency, whom should be contacted next?

Name _____
 Relationship _____ Phone _____
 Family Physician _____ Phone _____

Please answer the following questions regarding the Participant(s) above

Does Participant have any allergy to medications, foods, insect stings, etc.? Please specify and explain.

Does Participant take medications routinely? (yes/no for each)

List name of medication, strength, and dosage schedule (please attached more information, if needed)

Are there any other medical conditions of that should be known?

Dated this _____ day of _____, _____.

Parent or Guardian 1 _____

Home Phone No. _____ Cell Phone No. _____

Parent or Guardian 2 _____

Home Phone No. _____ Cell Phone No. _____