

Sardis Presbyterian Church
Adult Medical Release & Permission Form

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Please print in ink.

Name _____ Age _____ Birthdate _____
LAST FIRST MIDDLE

Male Female Email _____

Address (with city/state/zip) _____

Home Phone _____ Cell Phone _____

Medical Insurance Co. _____ Policy No. _____

Emergency Contact _____ Cell Phone _____

Physician _____ Office Phone _____

Dentist _____ Office Phone _____

Medical History

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which you are subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for you. If necessary, add another page with details.

- For your safety and our knowledge, are you a:
 good swimmer fair swimmer non-swimmer
- Do you have allergies to:
 pollen medications food insect bites
- Do you suffer from, or have ever experienced, or are being treated currently for any of the following:
 asthma heart trouble diabetes epilepsy/seizure disorder
 physical handicap frequently upset stomach
- Date of last tetanus shot _____
- Do you wear glasses contact lenses
- Please list and explain any major illnesses you experienced during the last year:

Additional Comments:

Should your activities be restricted for any reason? Please explain:

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Activities may include, but are not limited to: cookouts, boating, water skiing, swimming, basketball, rollerskating, rollerblading, games in the park, soccer, broomball, ice skating, volleyball, softball, baseball, camping, downhill skiing, snowboarding, hiking, biking, concerts, Bible studies, golfing, miniature golf, hayrides.

This consent form gives permission to seek whatever medical attention is deemed necessary, and releases Sardis Presbyterian Church and its staff of any liability against personal losses of named adult.

Release

I, the undersigned, hereby agree to attend and participate in events and activities being organized by Sardis Presbyterian Church. I understand that there are inherent risks involved in any ministry or athletic event, and in consideration of my participation in the event or activity, I hereby release Sardis Presbyterian Church, its pastors, employees, agents, and volunteer workers to the fullest extent permitted by law from any and all liability, including negligence, for any injury, loss, or damage to person or property that may occur during the course of my involvement. In the event that I am injured and require the attention of a doctor, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Sardis Presbyterian Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, still be in force. I also agree to assume all transportation expenses should it become necessary for me to return home due to medical reasons or otherwise.

Signature _____ Date _____

Photographs taken during Sardis Presbyterian activities may be used (without names) in future electronic and print media. If you would prefer NOT to have your child's photo used in this manner, please notify the church in writing.