



General Release, Medical Authorization and Permission Statement

The undersigned parent(s) and/or guardian(s) of _____, in consideration of said child participating in any activity of the St. Mark's United Methodist Church, individually and as parent(s) and/or legal guardian(s), do hereby generally release and covenant to hold harmless the St. Mark's United Methodist Church and the duly authorized employees, leaders, and approved volunteers and assistants to the leaders of the activity from any action, cause of action, suits, damages, judgments, executions, claims and demands whatsoever, which the undersigned now have or may acquire by reason of any matter, cause or thing, and hold this agreement to terminate upon the above-listed child's ceasing participating as a member of the activity.

Medical Authorization

Furthermore, the undersigned parent(s) and/or legal guardian(s) authorize St. Mark's United Methodist Church and/or the Student Ministries of the St. Mark's United Methodist Church by its duly authorized employees, leaders, and approved volunteers and assistants to the leaders of the activity to consent to reasonable and necessary medical care and to administer common, necessary medications including, but not limited to, acetaminophen ("Tylenol"), diphenhydramine ("Benadryl"), and ibuprofen ("Motrin"), as may be required for the above-listed child while participating in program and activities sponsored by the St. Mark's United Methodist Church and/or the Student Ministries of the St. Mark's United Methodist Church.

The undersigned has caused this General Release, Permission Statement, and Medical Authorization to be executed on the following date: _____.

Printed Name

Printed Name

Signature

Signature

Please see reverse side. This form is not complete until the reverse side is complete.



4780 East 126th Street
Carmel, Indiana 46033-2408
(317) 846-4912
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EMERGENCY AND MEDICAL INFORMATION

The following information is for the sole use of duly authorized counselors, leaders and approved assistants of St. Mark's United Methodist Church in case of an emergency, medical or otherwise.

Today's date _____

Name of youth _____

Birth date _____

Known allergies (food, insects, medicine, etc.) _____

Present Medications-strength and dose of prescribed and over-the-counter medications _____

Parent or Guardian (please print) _____

Phone-Home _____ Cell _____ Work _____

Alternate Contact (who can reach Parent or Guardian) _____

Phone _____

Name of Primary Care Physician _____

Office # _____

Hospital Preference _____

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I, the undersigned, state this information to be correct and to the best of my knowledge.

Printed Name

Signature of Parent or Guardian

Date

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Please see reverse side. This form is not complete until the reverse side is complete.