



SUNSET AVENUE
CHURCH OF GOD

Helping Each Other Experience a Growing Relationship with Jesus

SUNSET AVENUE CHURCH OF GOD
PERMISSION/WAIVER FORM January 2020 through December 2020

Participant's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Age: _____ Birth Date: _____

Mother's Name: _____

Mother's Work Phone: _____ Cell Phone: _____

Father's Name: _____

Father's Work Phone: _____ Cell Phone: _____

Other emergency contact phone number and relationship: _____

It is my understanding that participating in transportation, programs, recreational and other activities provided by Sunset Avenue Church of God is a privilege. Prior to my participation or my children's participation in such transportation and activities, I recognize there are certain risks associated with the transportation and activities, including but not limited to physical injury due to activity-related accidents, physical injury due to transportation-related accidents, illness, or even death. In addition, I recognize and acknowledge that there may be other risks inherent in these activities of which I may not be presently aware and hereby do voluntarily assume any such risks.

Release of Liability

By signing the Permission/Waiver form, I expressly warrant that the child named above or I (if I am a participant) am capable of withstanding both the physical and mental demands of the transportation and activities. I also expressly assume all risks concerning my child or my participating in the activities, whether such risks are known or unknown to me at this time. I further release Sunset Avenue Church of God from any claim that my child may aforementioned have or that I may have against them as a result of injury or illness incurred during the course of my child or my participating in the transportation and activities. This release of liability shall include (without limitation) any claims of negligence or breach of warranty. This release of liability is also intended to cover all claims that members of the child's or my family or estate, heirs, representatives, or assigns may have against Sunset Avenue Church of God. I also further agree to indemnify and hold harmless Sunset Avenue Church of God from any and all claims arising from my child's or my participation in any of the aforementioned activities and programs, or as a result of injury or illness or my child or myself during such transportation and activities.

PARENT OR GUARDIAN SIGNATURE: _____

DATE: _____

(over)→

First Aid and Emergency Medical Treatment

I recognize there may be occasions where I or my child, if a participant, may be in need of first aid or emergency medical treatment as a result of an accident, illness, or other health condition or injury. I do hereby give permission for Sunset Avenue Church of God to seek and secure any needed medical attention or treatment for the child or for me, including hospitalization, if the need arises. In doing so I agree to pay all fees and costs arising from this action to obtain medical treatment for my child or for me. I give permission to the physician(s) and other medical personnel to administer any needed medical treatment, x-rays, injections, anesthesia, hospitalization, I-V's, blood transfusions, medications, and surgery and, again, I agree to pay for the medical treatment for my child or for me.

PARENT OR GUARDIAN SIGNATURE: _____

DATE: _____

HEALTH HISTORY (check & give approximate dates and use extra paper if necessary)

Diabetes _____ Heart Defect/Disease _____ Convulsions _____

Hypertension _____ Hay Fever _____ Asthma _____ Bleeding/Clotting Disorder _____

Allergies to:

Food: _____

Insect Stings: _____

Sulfa Medications: _____

Penicillin: _____

Other drugs: _____

Date of last tetanus shot? _____

What treatment is required for allergy? _____

What treatment is required for asthma? _____

What treatment is required for diabetes? _____

Dietary Modifications: _____

Current Medications (send w/written instructions): _____

Other diseases or details of above: _____

Name and address of Family Physician: _____

Physician's phone number: _____

May adults in charge administer: Aspirin? Yes _____ No _____

Tylenol? Yes _____ No _____

Advil? Yes _____ No _____

INSURANCE COVERAGE

Note: Make a legible photocopy of the insurance card, front and back, and attach the copy to this form. You may want to enlarge the copy to ensure it can be clearly read.

Insurance Company: _____ Phone: _____

Policy Number: _____

Primary Policy Holder's Name: _____

Parent or Guardian Signature: _____

Date signed: _____