



# 2009 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 January 1, 2009 to December 31, 2009. 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 \_\_\_\_\_