

Medical Release and Liability Form For Acton Congregational Church

PLEASE fill in or initial each blank as indicated, AFTER you have read thoroughly.

_____ has my permission to participate in the
(youth)

_____ on _____
(event) (dates)

_____ with the ACC Jr or Sr High Youth Group.
(location)

I give permission to the Advisors in charge to take emergency action in the event my child sustains an
_____ injury or becomes ill while attending this event.
(initial)

I give my consent to emergency medical treatment, to include an x-ray examination, anesthetic,
medical, dental, or surgical diagnosis, treatment and hospital care, and the administration of drugs or
medicine that is deemed necessary for my child under general or specific supervision and upon the
advice of a duly licensed physician and/or surgeon. I also agree to assume liability for any resulting
_____ expense which is not covered by my/my youth's medical insurance.
(initial)

I give permission to the supervising Advisors to administer appropriate non-prescription medication,
_____ as needed. I prefer _____ Tylenol _____ Ibuprofen _____ dosage.
(initial)

_____ I am sending non-prescription medication with my child. (Indicate what kind)
(initial)

Insurance Provider

Policy #

Subscriber Name

Subscriber's Employer

* * * * *

I agree to retrieve my child or transport home at my expense, in the event of his/her severe or ____
inappropriate behavior.
(initial)

Covenant

I will obey rules, try my best to respect others, have an open mind, and have a good attitude.

Youth Signature

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_____ My child does not take any medications on a daily or regular basis.
(initial)

ALL prescription medications your child takes on a daily basis, need to be listed below and given to the **Youth Leader** to be administered, unless previously discussed.

** ANY medication or dosage changes occurring between now and the event, please notify **Youth Leader** immediately.

Medications your child takes on a daily basis:

(Include medication name, dosage, and prescribing physician's name. Symptoms to look for? Is your child mindful of when he/she needs next dose?)

Known allergies, reactions, and medications taken for these allergies:

(Include medication name, dosage, and prescribing physician's name.)

Parent/Guardian Signature

Date

Phone #'s – Home

Cell Dad's/Mom's

Work Dad's/Mom's

If you will be away, a number where you can be reached

Emergency Contact if we can't reach you

Phone#

Relationship