



**2011 - 2012 Permission and Medical Release Form**

<b>PARTICIPANT</b>	Name _____ POP Member _____ Visitor _____ Address _____ Church Home _____ City _____ State _____ Zip _____ Home Phone _____ Cell Phone _____ E-Mail _____ Face Book/ My Space _____ Birth Date ____/____/____ Gender (circle) Male Female T-shirt size: S M L XL XXL Grade as of Aug 2011: 6 7 8 9 10 11 12 College School Attending _____
<b>PARENT/GUARDIAN</b>	Father's Name _____ Cell Phone _____ Work Phone _____ E-mail _____ Mother's Name _____ Cell Phone _____ Work Phone _____ E-mail _____ Guardian's Name _____ Cell Phone _____ Work Phone _____ E-mail _____ Parent or Guardian E-Mail Address _____
<b>EMERGENCY</b>	In Case of an Emergency, and Parent or Guardian Cannot Be Reached, Please Contact: Name _____ Phone _____ Relationship _____ Family Physician _____ Office Phone _____ Family Dentist _____ Office Phone _____ I (we) hereby <b>DO</b> consent _____ or <b>DO NOT</b> consent _____ to the use of blood and/or blood products under the care of a licensed physician in the case of an emergency.
<b>MEDICATION</b>	Current Medication(s) _____ Medication Instructions _____ <hr/> <p>All medications must be given to the Medication Coordinator. Place them in a large zip lock bag with your child's name and church name. Prescriptions must be in the original container with the child's name and the current dosage. If your child requires an asthma inhaler or antidote for insect bite or allergies (prescribed by doctor) have them bring at least two (2). The medication must be registered with Medication Coordinator. One (1) will be kept and closely guarded by camper and one (1) given to the Medication Coordinator. Similar special cases must be discussed with Medication Coordinator. If the need arises, I give my permission for my child/youth to be inspected for head lice/eggs. I understand any such check would be conducted sensitively. I understand Prince of Peace's Notice of Privacy Practices uses and discloses health information about my child for treatment, to obtain payment for treatment, administrative purposes and to evaluate the quality of care that he/she receives. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.</p> <p>I give my permission for the Health Care Provider to give the over-the-counter medications I have circled in accordance with standard label directions:            Tylenol    Ibuprofen    Antihistamine    Decongestant    Cough Medicine</p> <p><b>Medication Allergies</b> _____</p>



Health Insurance: { } Yes { } No A copy of both sides of insurance card is required with this form.

Check if Student Has Had: Chicken Pox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Previous Serious Illness \_\_\_\_\_ Date \_\_\_\_\_

Food Allergies \_\_\_\_\_

Insects/Bites Allergies \_\_\_\_\_

Special Diet \_\_\_\_\_

List any illnesses, injuries and/or hospitalizations relevant to a physician in case of an emergency (attach extra sheet if necessary): \_\_\_\_\_

I (we) hereby give permission for my (our) child to attend and participate in activities sponsored by Prince of Peace (Carrollton, TX) and its Student Ministries. I (we) hereby authorize Prince of Peace to transport my (our) child to and from church and/or any other church related and sponsored activities and events including water activities, religious lessons and services which may include prayer and Bible teaching. I (we) hereby authorize any duly licensed medical doctor, and/or other person legally authorized and /or medically certified to render medical treatment, and/or hospital to administer any and all medical treatment, including but not limited to surgery, anesthesia and FDA approved medications, drugs and drug therapy, as well as blood transfusions from a certified wholesome blood supply, advisable or necessary to maintain and/or restore the life, health and well being of my child in my absence, and I hereby further give my consent to any and all such commonly accepted medical practice. I (we) hereby do authorize any leader of Prince of Peace to dispense to my (our) child any necessary over-the-counter medications (according to proper dosage instructions) when deemed necessary. I (we) grant permission for emergency medical treatment for my (our) child if an accident occurs. I (we) understand that it is my (our) responsibility to notify Prince of Peace of all special needs, special dietary requirements or needs, medication requirements or restrictions, and learning or communication differences that my (our) child may have. The undersigned adult(s) 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 cost. I (we) hereby release, forever discharge and agree to hold harmless Prince of Peace and the directors, employees and agents thereof from any and all liability, claims or demands for personal injury, sickness or death as well as property damages and expenses, of any nature whatsoever which may be incurred by the undersigned adult while said child is participating in any trip or activity with Prince of Peace. Furthermore, I (we) [and on behalf of my (our) child-participant] hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in recreation and work activities involved therein. Further authorization and permission is hereby given to said church to furnish any necessary transportation, food and lodging for this participant. The undersigned further hereby agrees to hold harmless and indemnify said church, its directors, employees, and agents for any liability sustained by said church as the result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto. I (we) indemnify and hold harmless Prince of Peace, its officers, directors, employees, and representatives from any and all claims, causes of action, demands, complaints, losses, costs, attorney's fees, and expense arising out of or in any way relating to my (our) child's participation in the requested activities, including but not limited to any and all claims, causes of action, demands, or complaints asserted or instituted by or on behalf of my (our) child (and any and all family members, heirs, representatives, executors, administrators, and assigns of the you or your child). I (we), on behalf of ourselves and child (and any and all family members, heirs, representatives, executors, administrators, and assigns of the child) fully releases and discharges Prince of Peace its employees, officers and representatives from any and all claims, causes of action, demands, and complaints of whatsoever nature or kind which the child (or any family members, heirs, representatives, executors, administrators, or assigns of the child) and/or I (we) have or may have as a result of any personal injury, damage, loss of consortium, property damage, accident, or death arising out of or in any way relating to my (our) child's participation in the activities. The medical consent and liability waiver provisions hereof shall remain in full force through December 31, 2012 and in effect until written notice of revocation or withdrawal is received by Prince of Peace at its office at 4000 Midway Road, Carrollton, Texas 75007. It is the responsibility of the parent or guardian to notify the church of any changes in medical condition, guardianship, address or phone change in writing to the address listed at the beginning to this form. Your son/daughter will have pictures and/or videos taken of them while participating in student ministry activities. These pictures and videos may appear on the Prince of Peace website, Facebook, Flickr, etc. and publicity material.

Initial here if you **DO NOT** want these to appear on the internet or any publicity material: \_\_\_\_\_

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature OR Participant 18 or over

\_\_\_\_\_  
Date

***A current copy of both sides of your health insurance card must be attached.***