



## Student Life Medical & Personal Information

Please complete a separate release for **each** minor.

### Student's Personal Information:

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Date of Birth \_\_\_\_\_

### Insurance Information:

Medical Insurance Company \_\_\_\_\_

Group Name \_\_\_\_\_ Policy Number \_\_\_\_\_

*\*\*Please attach a copy of your insurance card*

### Parent/Legal Guardian Information:

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Father's Employer \_\_\_\_\_ Father's Business Phone \_\_\_\_\_

Father's Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Mother's Cell Phone \_\_\_\_\_

Mother's Employer \_\_\_\_\_ Mother's Business Phone \_\_\_\_\_

### Other Person to Notify in Case of Emergency:

Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_

Employer \_\_\_\_\_ Business Phone \_\_\_\_\_

Relationship to Child \_\_\_\_\_

Are there any medications or foods that your child is allergic to? \_\_\_\_\_

### Please list medications your child is currently taking:

Name of medication:	Dosage:	Frequency:	What is it for?

### Please circle any chronic health situation(s)

Asthma Diabetic Sleepwalking Motion Sickness Seizures ADD/ADHD Other: \_\_\_\_\_

### Swimming Release

- My child can swim and is allowed to swim
- My child is **NOT** allowed to swim



## Minor Informed Consent, Release, and Waiver of Liability

Sporting, Recreation & Activities, Camps, Mission and Overnight Trips

LANGUAGE IN THIS FORM IS MANDATED BY THE FLORIDA LEGISLATURE

**NOTICE TO THE MINOR CHILD'S GAURDIAN: READ THIS FORM COMPLETELY AND CAREFULLY. YOU A RE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT EVEN IF SEVEN RIVERS PRESBYTERIAN CHURCH (SRPC) AND ITS EMPLOYEES, AGENTS, AND VOLUNTEERS USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM, YOU ARE GIVING UP YOUR CHILD'S RIGHTS AND YOUR RIGHT TO RECOVER FROM SRPC OR ANY OF ITS EMPLOYEES, AGENTS, AND VOLUNTEERS IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE T HE RIGHT TO REFUSE TO SIGN THIS FORM, AND SRPC HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THE FORM.**

1. We, the undersigned, legal guardians of \_\_\_\_\_, a minor, on behalf of ourselves as parents and guardians and on behalf of our minor child, do hereby release, to the fullest extent permitted by law, SRPC and its pastors, employees, agents, volunteers, and affiliate (collectively S RPC) from liability in case of any and all illness, injury or loss as well as all claims, damages, or actions of any nature whatsoever, even if resulting from the negligence of SRPC and even if resulting from the negligence, actions, judgements, decisions or errors in the administration of medicines or medical care by SRPC for any event or activity in which your minor child participates at or with SRPC.
2. Furthermore, we do hereby authorize SRPC to consent to any diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed physician, surgeon, nurse, EMT, or person. It is understood that this authorization is given in advance of any specific care being required, but is given to provide authority to give care which may, in the exercise of judgement, be deemed advisable, based upon such circumstances as may exist, including but not limited to any emergency.
3. WE hereby authorize SRPC, and those with training as Emergency Medical Technicians, or Registered or Licensed Nurses, to perform care upon our child in accordance with the level of training they have received as deemed necessary by them. Regardless, we release them, to the fullest extent permitted by law, from any and all claims even if resulting from negligence, actions, judgements, decisions, decisions or errors in the administration of medicines or medical care. We hereby authorize any hospital which has provided treatment to the above named minor to surrender physical custody of such minor to any adult supervisor or agent of SRPC upon completion of treatment. This authorization is given pursuant to Florida law.
4. We hereby request SRPC to carry our discipline determined to be necessary for our child as deemed appropriate under the circumstances and we release SRPC from all claims for damages and from any liability for any such discipline, even in the event of negligence by SRPC. We also agree to pay all of the expenses of our child's trip home, if away from the church, because of disciplinary action should such action be deemed appropriate by SRPC.
5. We recognize and agree that all activities at or involving SRPC are intended to be physically, emotionally and spiritually beneficial, and that every activity in life involves inherent and unavoidable risks. We have also considered our ability to

obtain independent insurance coverage or have other means to cover the expense of any loss, damage or injury and we accept the risk and expense.

6. We, for ourselves and our minor child, hereby authorize the use by publication, display or public use of our or our child's photograph or any likeness in advertising, promotion or reporting of events at SRPC or any activity in which SRPC is associated and we therefore hereby waive and release, to the fullest extent permitted by law, any and all rights and claims for damages we and/or our minor child may have against SRPC from any and all claims, damages or actions of any nature whatsoever, including but not limited to claims pursuant to chapter 540, Florida Statutes, as a result of such use or display.
7. We further acknowledge that the activities at or involving SRPC pursuant to this informed consent, release, and waiver of liability are not commercial activities under Florida law and we intend to bind ourselves and our minor child as if they are not commercial activities under Florida law.
8. We have read the entire minor Informed Consent and Release, and voluntarily accept the conditions stated herein as a requirement for our child's participation in events and activities involving SRPC. We agree that unless specifically revoked in writing and signed by us, this Informed Consent and Release will remain in full force and effect. We understand that participation may take place only with a fully executed form in the possession of SRPC.

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chose one: Parent  Guardian

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Chose one: Parent  Guardian

**Signature of both parents are required if married**

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STATE OF FLORIDA COUNTY OF \_\_\_\_\_.

The foregoing instrument was acknowledged before me this \_\_\_ day of \_\_\_\_\_, 20\_\_\_, by  
\_\_\_\_\_

Who is personally known to me or produced \_\_\_\_\_ as identification.

**Notary Signature:** \_\_\_\_\_

My Commission Expires \_\_\_\_\_