Modesto Covenant Church
Medical Release and Parent Consent Form

Last Name _____ First _____ M / F Birthdate ___/___/___ Grade ____

Address _____ City _____ Zip _____ Home Phone_____

Parent/Guardian_____ Cell Phone: _____

Parent/Guardian _____ Cell Phone _____

Other Emergency Contact _____ Phone _____

Medical Insurance Carrier _____ Policy/Group#_____

Principal Insured:_____ Agent/Contact phone _____

Family Doctor _____ Phone _____

HEALTH HISTORY

Does your child have ***ANY*** allergy or medical condition of which the staff of Modesto Covenant Church should be aware of (i.e. asthma, allergies, heart condition, diabetes, stomach disorder, nervous disorder, etc.), or that would prevent him/her from participating in general physical activity such as running, games, swimming, etc.? If so, please describe conditions and limitations:

_____

_____

_____

Please list the name and dosage of any medications that your child is currently taking:

_____

Is your child allergic to any medication or antibiotic? Yes _____ No _____

If yes, please list _____

Are all immunizations for your child current? (Polio, Diphtheria, Smallpox, Whooping Cough, Measles)

Yes _____ No _____ Date of last Tetanus (needed every 10 years) _____

(I) (We), the undersigned parent(s) of_____, do hereby grant permission for the above named minor child to attend various children's functions sponsored by Modesto Covenant Church including travel to and from each event. Additionally, (I) (We) also hereby authorize the designated chaperone to consent to ***ANY*** medical treatment which is deemed advisable by and rendered under the general or specific supervision of any physician whether such diagnosis or treatment is rendered at the office of said physician or at a hospital. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required and that every effort will be made to contact me first. **It is the responsibility of the undersigned to notify Modesto Covenant Church of any change in their student's medical status and to update the medical form accordingly.** It is also understood that neither the designated chaperone nor Modesto Covenant Church assumes any financial responsibility for this action.

_____ _____ Date_____

Parent/Guardian Signature Parent/Guardian Signature