

Miamitown Church of Christ
P.O. Box 304 • 6670 State Route 128
Miamitown, Ohio 45041-0304
353-2226

Parent Permission and Medical Release Form

_____ (Student's name) has my permission to attend _____
(event) on _____ (Date) with the Miamitown Church of Christ.

I, the parent or legal guardian of the participant listed on this form, certify that he/she has my full approval to participate in this activity. In the event that my child requires medical attention during an activity, I, the undersigned, give my permission to administer first aid. I also consent to an X-ray, anesthetic, medical or surgical diagnosis and treatment, hospital care, and the administration of drugs or medicine to be rendered to my child under the care of a licensed physician and/or surgeon. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I do release and hereby agree to hold blameless Miamitown Church of Christ and its employees and agents from any and every claim arising, or which may be asserted by me or by any member of my family by reason of participating in any activities associated with Miamitown Church of Christ programs.

Further, I authorize Miamitown Church of Christ to use photographs and video footage of the participant for promotional materials.

Check Box if you have received a copy of the Event Form for the above stated event.

Participant Name _____ Male Female

Birth Date _____ Home Phone _____

Address City State Zip _____

Parents/Legal Guardians Name (with whom you live) _____

Cell Phone _____ Work Phone _____

Person to notify if parent/legal guardian cannot be reached _____

Relationship _____ Phone _____

Current Medication(s) _____ Any adverse reactions to medication _____

Allergies _____

Health Insurance Co. _____ Policy No. _____

Signature of Parent or Legal Guardian _____ **Date** _____

**DO NOT COMPLETE IF YOU COMPLETED PART I
PART II--REFUSAL TO CONSENT**

I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the church authorities to take no action or to:

Signature of Parent or Legal Guardian _____ **Date** _____