



## Sterry Memorial Evangelical Presbyterian Church

P.O. Box 655 (28531 HWY 18), Parma, ID 83660  
Office Phone: 208/722-6201 E-mail: office@sterrymemorial.org

### Medical Release & Permission Form

*This form goes into effect immediately.*

Name: \_\_\_\_\_ Age: \_\_\_\_ Birthday: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Last First Middle

Male:  Female:  E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_ Policy # \_\_\_\_\_

Mother's name: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Father's name: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Emergency Contact (Not Parent) Name: \_\_\_\_\_

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Cell) \_\_\_\_\_

Physician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Office Phone: \_\_\_\_\_

**I give my permission for pictures/videos to be taken of my child at Sterry Memorial Presbyterian Church of Parma (Roswell) Idaho functions that may be used and/or posted on the church websites (or related) to promote youth activities.**

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Medical History**

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff and volunteer staff should be aware, and what, if any action of protection is required on account thereof. **Submit this notification in writing and attach it to the Medical Release and Permission Form. Please include names of medications and dosages that must be taken.**

**Check the following areas your child has had:** If necessary, add another page with details.

Asthma  Bleeding Disorders  Chicken Pox  Diabetes  Fainting Spells  Frequent Colds

Frequent Earaches  Heart Trouble  Measles  Mumps  Pneumonia  Scarlet Fever

Seizures/Tonsillitis  Whooping Cough  Convulsions  Other: \_\_\_\_\_

**Immunizations, check if current:**

Diphtheria Basic  Booster  Measles Basic  Booster

Mumps Basic  Booster  Polio Basic  Booster

Rubella Basic  Booster  Tetanus Basic  Booster  Date of last Tetanus: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Whooping Cough Basic  Booster

**Allergies, please describe:**

Food: \_\_\_\_\_

Medications: \_\_\_\_\_

Plants: \_\_\_\_\_

Insects: \_\_\_\_\_

Other: \_\_\_\_\_

**Any conditions requiring medication?** No  Yes

If Yes, please describe:  
\_\_\_\_\_

**Any Physical Limitations?** No  Yes

If Yes, please describe:  
\_\_\_\_\_

**Does your child wear?**

Glasses  Contact Lenses  Neither  Other  \_\_\_\_\_

**Please list and explain any major illnesses your child experienced during last year:**

\_\_\_\_\_  
\_\_\_\_\_

Activities may include, but are not limited to the following: cookouts, swimming, laser tag, football, basketball, roller-skating, various games, soccer, softball, baseball, camping, snowboarding, hiking, golfing, miniature golf, hayrides, Bible studies, summer camps, spring camps, mission trips (domestic or international), other travel and various retreats.

**Should your child's activities be restricted for any other reason? Please explain or please submit your wishes in writing to the church prior to event:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This medical release and permission form gives permission to seek whatever medical attention is deemed necessary, and releases Sterry Memorial Presbyterian Church of Parma (Roswell) Idaho and its staff of any liability against personal losses of named child.

I/we the undersigned have legal custody of the child named above, a minor, and have given my/our consent for him/her to attend events being organized by Sterry Memorial Presbyterian Church of Parma (Roswell) Idaho I/we understand that there are inherent risks involved in any ministry or athletic event, and I/we hereby release Sterry Memorial Presbyterian Church of Parma (Roswell) Idaho its ministers, adults, employees, agents and adult volunteers workers from any and all liability for any injury, loss or damage to person or property that may occur during the course of my/our child's involvement. In the event that he/she is injured and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated Sterry Memorial Presbyterian Church of Parma (Roswell) Idaho, I/we agree to hold Sterry Memorial Presbyterian Church of Parma (Roswell) Idaho free and harmless of any claims, demands or suits for damages arising from the giving of such consent. I/we also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider or if I/we do not carry any health insurance. Further, I/we affirm that the health insurance information provided above, if applicable, is accurate at this date and will, to the best of my/our knowledge, still be in force for the youth named above. I/we also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the youth minister, volunteers or staff members.

Parent/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Please submit a copy of the current health insurance card and attach it to this form.**