

Melonie Park PDO Ministries

PERMISSION / HEALTH RELEASE FORM

THIS FORM CONTAINS THE HEALTH HISTORY AND CURRENT INSURANCE INFORMATION FOR MY CHILD.

NAME OF CHILD _____ Date of birth _____ / _____
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NAME OF CHILD _____ Date of birth _____ / _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP _____

BEST CONTACT PHONE # _____

PARENT / LEGAL GUARDIAN'S NAME _____

NAME OF NEAREST RELATIVE _____ PHONE _____

NAME OF PHYSICIAN _____ PHONE _____

INSURANCE CARRIER _____ POLICY NAME _____

POLICY NUMBER _____

INSURANCE PHONE NUMBER _____

ALLERGIES / ALERTS _____

(IF YOUR CHILD HAS ALLERGIES OR HEALTH CONDITIONS WE SHOULD BE AWARE OF, PLEASE MARK A RED X IN THE UPPER LEFT CORNER ON THE OTHER SIDE OF THIS FORM.)

Parent Permission/Release Form

"I, _____, the parent/guardian of _____ do hereby give my permission for my child to attend and participate in all activities of the Melonie Park Church Parent Day Out and transport by adult teachers/sponsors for these activities. In the event that I should prefer that my child **NOT** participate in a given activity, I agree to inform the teacher and the PDO director of my wishes in writing prior to the scheduled activity. I may be contacted by phone to authorize emergency medical treatment in the event of an accident or serious injury to my child. Should I be unavailable, I do hereby authorize any sponsor or teacher of Melonie Park PDO Ministries (MPC) to authorize treatment by my proxy. I agree to hold harmless MPC, its staff, and/or sponsors from any and all liability, claims, demands, and causes of action whatsoever which may arise due to the participation of my child.

I realize, also, that in the event of illness or injury while participating in this activity/trip, medical treatment may be required. **I hereby give permission for any such treatment to be rendered, and I agree to bear the costs of such treatment.**

I authorize the placement of this release form in the files of MPC PDO Ministries and I will update this document when any information changes.

Signature _____ Date _____