

Bellevue Presbyterian Church
Medical Information - Waiver and Release Form

2018-19

June 1, 2018 - May 31, 2019

Please complete page 1 of this form and sign on page 2. You can create a digital signature to sign and submit it. Alternately, you may print the completed form, sign it and return it to the address below.

Today's Date: _____

Student's Name _____ Birthdate ___/___/___

Address _____

City _____ State _____ Zip _____

Home Phone _____ Student's Cell Phone _____

Student's email address _____ Gender _____

School: _____ Grade for 2018-19 School Year _____

Parent Contact Info:

Best Contact Email Address: _____ Mom's Dad's

Mother: Name _____

Cell # _____ Work # _____

Father: Name _____

Cell # _____ Work # _____

Medical Information

Insurance Carrier _____ Group # _____ Policy # _____

Allergies, including drug reactions _____

Regular Medications _____

Date of Last Tetanus _____

Family Physician _____ Phone # _____

Media Images Opt-Out

BelPres reserves the right to publish photographs, video recordings, or other memorializing of BelPres events of your minor child for the purpose of promotion, communications or public relations. This may include, but is not limited to, use on the BelPres website, Messenger, posters and/or emails. To opt out, you must complete an 'Opt-Out' form and provide a recent photograph of your child. Find the Opt-Out form at BelPres.org/FLM/

Please continue to page 2

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Bellevue Presbyterian Church
1717 Bellevue Way NE, Bellevue WA 98004
425-454-3082 www.BelPres.org

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June 1, 2017 - May 31, 2018

Covenant

My child agrees to abide by the rules and regulations governing BelPres activities and to obey any instructions given by the person or persons having supervision and control over the activities. I understand that if my child does not abide by the rules and regulations that they may be dismissed from an activity and I will be responsible for their transportation home. In the event that I am unable to provide this transportation myself, I will assume any and all costs associated with their transport.

Release and Waiver:

By signing this form, I give my informed consent to Bellevue Presbyterian Church staff & volunteers, who are certified in a minimum of CPR and First Aid by a nationally recognized provider, to provide basic first aid and comfort measures through standardized first aid treatment which includes over-the-counter medications. I understand it is my responsibility to ensure that my child is physically fit and capable of taking part in any activity that they participate in at Bellevue Presbyterian Church. I will make this determination on the basis of advice given to me by their duly licensed medical doctor within the last twelve months. I understand that it is my responsibility to make arrangements for my child if they have greater health care needs than Bellevue Presbyterian Church can provide within their individual certifications, licenses and scopes of practice. I authorize Bellevue Presbyterian Church to arrange for and provide any necessary related transportation to the nearest medical facility for urgent or emergency medical treatment, and I do assume all responsibility for payment of such treatment. I hereby give permission to the attending physician to secure and administer any and all medical treatment deemed necessary for my child, including hospitalization.

I understand that all medications, over-the-counter medications, vitamins, and herbal products that my child is taking will be provided to the staff and volunteers of Bellevue Presbyterian Church in their original containers with labels and dispensing instructions in English. Individuals requiring injections should provide medications, syringes and written instructions signed by a physician. I understand that my child cannot maintain possession of their medications during Bellevue Presbyterian Church activities and that they must be administered by a staff member or volunteer. Exceptions will be made for inhalers and epinephrine auto-injectors. Other exceptions will be made on a case by case basis by the staff member in charge.

I authorize my child to participate in Bellevue Presbyterian Church activities, and I understand that my child's participation in these activities can expose them to dangers from both known and unanticipated risks. Acknowledging that such risks exist, I on behalf of my child, and any other party who may have the right to assert any rights for or on behalf of my child, do hereby forever release and discharge, indemnify and hold harmless Bellevue Presbyterian Church, its affiliates, officers, directors, agents, employees, insurers, attorneys or any other person or persons associated with any or all who might be liable from and against any and all claims, causes of actions, actions, suits, demands, losses, damages, expenses, costs or liability arising from or in connection with my child's participation in Bellevue Presbyterian Church's activities, including losses arising from negligence (active or passive) of any of the entities or individuals named or described above

I further understand and acknowledge that I make this release in full accord and satisfaction of and in compromise of any and all released claims. I represent and acknowledge that I have read and understand this form and the release granted above and warrant that all statements made herein are true and to the best of my knowledge. I have read and understand this entire form and by signing below agree to the terms herein.

Parent or Guardian _____ **Date** _____