

Release & Waiver (Minor)

Participant Name _____ Phone _____

Address, City, State, Zip _____

Emergency Contact _____ Emergency Phone _____

Event/Trip Name & Dates _____

It is extremely important that you provide ANY pertinent medical history or information about existing conditions that may affect Participant:

Medications _____ Allergies _____

Other Medical Information _____

Medical Insurance _____ Contract/Policy# _____

I, _____, am the parent or legal guardian of _____ (the "Minor"), who desires to participate in the event/trip named above (hereinafter collectively referred to as the "Activities") operated or sponsored by SouthBrook Christian Church (the "Church").

I understand and acknowledge that the Church will not allow the minor to participate in the Activities without releasing and holding the Church harmless from any liability arising out of participation in the Activities. I have investigated the risks involved in the Minor's participation in the Activities and fully understand and assume such risks on my behalf. Specifically, I understand and acknowledge that the Minor may suffer or experience, among other things, personal injury or bodily damage, medical disabilities, loss or theft of personal property, imprisonment, abduction and even death.

I request that the church allow the Minor to participate in the Activities, and in consideration thereof agree hereby to release and forever discharge the Church, its Leadership Team, Business Team, officers, employees, agents, and any parties volunteering on behalf of the church, from all actions, causes of action, injuries, claims, damages, ransom demands, costs or expenses of any kind, growing out of or related to any such Activities in which the Minor participates. I understand that this is a full and complete release of all damages and injuries that the Minor may sustain as a result of his/her participation in any of the Activities, regardless of the specific cause thereof.

I acknowledge and agree that I have given my consent for the Minor to remain in the custody of the Church's representatives while participating in the Activities. This Agreement is binding on the Minor's Heirs, Successors and Personal Representatives.

_____ **Initial**

Medication Authorization and Release

In the event that my child is required to take medication of any kind while on the SouthBrook Christian Church trip, I understand and agree that ***I must complete the back page of this document*** to advise SouthBrook that either (1) my child will administer and take their own medication while on the SouthBrook trip, or (2) I request that a SouthBrook Trip Leader administer the medications to my child as set forth on the back of this document. In either case, I agree to hold harmless, release and forever discharge the SouthBrook Christian Church, its Leadership Team, Business Team, officers, agents and any parties volunteering on behalf of SouthBrook Christian Church for any and all actions, causes of action, injuries, claims, damages and costs of any kind arising out of or relating to my desire to have my child administer their own medication or my request to have a SouthBrook Trip Leader administer medication to my child.

_____ **Initial** *(Only to be initialed if medication is needed. Back page must be completed.)*

Medical Treatment Authorization and Power of Attorney

In the event the Minor suffers any injury or condition during his or her participation in the Activities, including transportation to and from the Activity, which may endanger his or her life, cause disfigurement, physical impairment, or undue discomfort or medical treatment is delayed, and reasonable attempts to contact me and/or my spouse have not been unsuccessful, I hereby appoint the **SouthBrook Trip Leader** as my agent to act for me and in my name (in any way I could act in person) to make any and all decisions for the Minor concerning his or her personal care, medical treatment, hospitalization and health care. This power of attorney and delegation of authority shall terminate when the Agent is first able to contact my spouse or me.

_____ **Initial**

Video/Photography Release

Regarding videos & photographs of the Minor taken at any SouthBrook Christian Church event, I give SouthBrook Christian Church permission to do the following for nonprofit use and without charge: use at the discretion of SouthBrook Christian Church, display at a service or event or be used in a multimedia presentation, reprint and distribute for any SouthBrook Christian Church nonprofit publication with copyright to accompany photo when used, display on the SouthBrook Christian Church website, or use quotes and video clips on the SouthBrook Christian Church website and blog.

_____ **Initial**

The undersigned agrees to the above Initialed sections and this agreement is binding on my Heirs, Successors and Personal Representatives.

Print Full Name of Parent or Legal Guardian _____

Signature _____ Date _____

(Expires 1 year from date signed)

International Trips Only - Notary Acknowledgement:

NOTARY SEAL HERE

State of Ohio, County of _____

Subscribed and sworn to (or affirmed) before me this ____ day of _____, 20____.

 Signature of Notary Public
 Notary Public, State of Ohio

 Printed Name of Notary Public

My commission expires: _____

Medication Consent Form

This form is only good for two (2) weeks; after that, it must be re-signed by Parent or Legal Guardian.

Child's Name _____

Child's condition for administering Medication _____

Name of Medication _____ Prescription Non-Prescription

Name of Prescribing Doctor _____

Amount to be Administered _____ Time(s) for Medication to be Administered _____

Date(s) Medication to be Administered _____ Refrigeration Necessary? Yes No

Possible Adverse Reactions _____

Name of Medication _____ Prescription Non-Prescription

Name of Prescribing Doctor _____

Amount to be Administered _____ Time(s) for Medication to be Administered _____

Date(s) Medication to be Administered _____ Refrigeration Necessary? Yes No

Possible Adverse Reactions _____

Please sign one option:

A) I authorize the administration of medication by a SouthBrook Trip Leader to my child and agree to hold harmless, release and forever discharge SouthBrook Christian Church (the "Church"), its Leadership Team, Business Team, officers, agents and any parties volunteering on behalf of the Church for any and all actions, causes of action, injuries, claims, damages and costs of any kind arising out of or relating to my request to have a SouthBrook Trip Leader administer medication to my child.

Parent or Legal Guardian Signature _____ Date _____

B) I authorize my child to administer their own medication and I agree to hold harmless, release and forever discharge the Church, its Leadership Team, Business Team, officers, agents and any parties volunteering on behalf of the Church for any and all actions, causes of action, injuries, claims, damages and costs of any kind arising out of or relating to my request to have my child administer their own medication.

Parent or Legal Guardian Signature _____ Date _____

- Is all of the above information complete?
- Is medicine in the original container with the prescription label on it?
- Is the date of the prescription current?
- Is the child's name on the container?
- Is the name of the medication, dose and administration schedule given on the label the same as the instructions here?
- Has the medication been placed out of the child?

Staff Use Only

Administration Dates	Administration Time(s)	Adverse Reactions Observed	Staff Member's Initials