

**South Carolina FWB Youth Ministries**  
**Medical Information Form & Release of Liability**  
**This Document has legal consequences, please read carefully.**

\_\_\_\_\_ will be participating in \_\_\_\_\_  
(student's name) (name of event)

Address: \_\_\_\_\_ City/ Zip Code \_\_\_\_\_

Parent/Guardian Phone: Day:( \_\_\_\_\_ ) Evening: ( \_\_\_\_\_ )

Cell Phone:( \_\_\_\_\_ ) Birthdate \_\_\_\_\_ Current Grade \_\_\_\_\_

Please list **TWO** individuals, other than yourself, to be called in case of emergency:

<u>Name</u>	<u>Relation</u>	<u>Area Code &amp; Phone Number</u>
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\_\_\_\_\_  
\_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Insurance Policy Number \_\_\_\_\_

Primary Care Physician Phone ( \_\_\_\_\_ )

Is your child allergic to any medication OR foods? Yes \_\_\_ No \_\_\_ If yes, please explain:

\_\_\_\_\_

Does your child currently take any prescription medicine we should be aware of? \_\_\_ Yes \_\_\_ No

If yes please list: \_\_\_\_\_

Does your child have medication which must be administered IN CASE OF EMERGENCY? Yes \_\_\_ No \_\_\_

If yes please explain: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT**

**This document has legal consequences, please read carefully.**

I, the undersigned, do voluntarily agree to release and hold the SCFWB Youth Ministries Board, their officers and sponsors, workers, churches, association, and/or its agents harmless from any claim, demand or cause of action for injury to the above named participant(s) or damage to his/her personal property which arises out of or is in any way connected with the SCFWB Youth Ministries Board's programs.

I agree that the forgoing Release of Liability applies to persons or entities rendering emergency medical treatment. I hereby consent that my child may receive emergency medical treatment that may be deemed advisable in the event of injury, accident and/or illness during this event.

**This release of Liability and Consent for Medical treatment shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.**

I, the undersigned, acknowledge that I have read the foregoing, and am fully aware of the legal consequences of signing this document.

Print Name \_\_\_\_\_

Sign Name \_\_\_\_\_ Date \_\_\_\_\_ Parent \_\_\_ Guardian \_\_\_\_\_

Revised 02/14