

Montana Conference of Seventh-Day Adventists

Medical Consent and Release Form

Club Ministries (Adventurers/Pathfinders)



Guardian and Emergency Contact Information

This form must be filled out at the beginning of every year to cover the activities for the year. A copy of each child's form must be taken on off-site activities

Child's name _____ Age _____ DOB _____ Gender _____
 Address _____
 Father/Guardian _____ Work # _____ Cell # _____
 Mother/Guardian _____ Work # _____ Cell # _____
 Emergency Contact _____ Work # _____ Cell # _____

Attendee's Health Record & Medical Information

Child's Physician's Name _____ Phone: _____
 Insurance Carrier _____ Member #/ID _____
 Group # _____
 Does the child have any medical restrictions Yes / No
 Explain _____
 Does the child have any activity restrictions? Yes / No
 Explain _____

History

- Sinusitis
- Bronchitis
- Fainting
- Upset Stomach
- Kidney trouble
- Seizures
- Sleepwalking
- Heart trouble
- Diabetes
- Asthma
- Bedwetting
- Dietary restrictions
- Psychological needs

Shots

Date of Last
Tetanus shot

Allergies – list specifics

Allergen	Reaction	Treatment
Drugs		
Food Item(s)		
Plant(s)		
Animal(s)		
Bee/Insect Sting(s)		
Other		

Medications

Is the child currently taking medications
Yes / No

Medication Name	Dosage

Medical and Liability Release

I/we, the undersigned parent or guardian of the above-named child, a minor, do hereby consent to any x-ray, examination, anesthetic, medical surgical, diagnosis, or treatment and hospital service that may be rendered to said minor under the general or special instructions of the named medical clinic, or my child's doctor or any physician the school, or organization may call, whether such diagnosis or treatment is rendered at the office of said physician or at a licensed hospital. It is understood that reasonable effort will be made to contact the doctor listed above, before, any other physician is called by the school or other organization.

It is further understood that this consent is given in advance of any specific diagnosis or treatment which might be required and is given to authorize the **Montana Conference of Seventh-Day Adventists** or to exercise the best judgement as to the requirements of such diagnosis or treatment. I/we waive and release the local church, Montana Conference, North Pacific Union Conference, North American Division, and General Conference of Seventh-Day Adventist from any and all liabilities for actions taken on behalf and for the care of the child.

We hereby authorize any hospital physician or other person who has attended or examined the minor to furnish the General Conference Insurance Service, or it's representative, any and all information with respect to any illness, medical history, consultations, prescriptions, or treatment, and copies of all hospital medical records. A photocopy of this authorization shall be considered as effective and valid as the original

Photo and Video Permission

Please choose one of the following

☐ I _____ understand that my child may be photographed or videotaped during club events, I **do** hereby grant permission to the **Montana Conference** to use their image for any and all uses including, but not limited to news releases, ministry, promotional or educational material, printed or electronic publications, and websites

☐ I _____ **do not** consent for my child's image to be used in any of the above-named areas

Parent/Guardian Name

Parent/Guardian Signature

Date: _____