

## Medical Waiver for Minor

WHEREAS \_\_\_\_\_ a minor of  
(Student's name)

\_\_\_\_\_  
(Address)

Is to be a member of Gibbsville Reformed Church Youth Program and outings during the approximate dates of September 1, 2011 – August 31, 2012.

NOW THEREFORE, in consideration of the premises and other valuable considerations, Gibbsville Reformed Church and \_\_\_\_\_ of  
(Parent's name)

\_\_\_\_\_  
(Address)

Parents and/or legal guardian of the aforesaid minor (hereinafter referred to as "Parent) mutually agree as follows:

FIRST: Gibbsville Reformed Church shall exercise every precaution to assure the welfare and safety of the said minor and agrees to take no extraordinary action pertaining to his/her welfare without consultation with Parent, except when emergency conditions indicate that delay or lapse of time would adversely affect the best interests of the minor.

SECOND: Parent represents to Gibbsville Reformed Church that the minor is not now afflicted with any disorder, disease, allergy or other form of malady which would adversely affect his participation in normal activities of the group or the welfare of others in the group.

THIRD: Parent authorizes Gibbsville Reformed Church to secure the best professional counsel available in the event of illness or accident and further authorizes Gibbsville Reformed Church, upon the basis of professional counsel, to enter said minor in any hospital, clinic, or other medical institution should the health, safety and welfare of the minor require such medical care and such determination shall be made in the exclusive discretion of Gibbsville Reformed Church through its duly constituted agents and representatives.

FOURTH: Parent specifically consents to any operation by a qualified surgeon on the said minor in the event of an emergency, which operation is expressly advised by the best medical and surgical counsel available, and which is deemed necessary in the exclusive discretion of Gibbsville Reformed Church and expressly authorized by Gibbsville Reformed Church through its duly constituted agents or representatives.

FIFTH: Parent individually and as guardian of the above minor acquits, discharges and releases Gibbsville Reformed Church of damages of any character on account of any accident to the aforesaid minor which may occur during the course of the proposed event.

\_\_\_\_\_  
WITNESS (someone other than a parent of legal age)

\_\_\_\_\_  
PARENT OR GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE

See back side

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's Work Phone: \_\_\_\_\_

Family Medical Insurance:

Company: \_\_\_\_\_

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

Medical Questionnaire:

Is your child presently being treated for an injury or sickness or taking any form of medication for any reason? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please explain)

Does your child require a special diet? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please explain)

Does your child have (or has ever had) any of the following: (circle and explain)  
Seizure disorders    Asthma    Heart murmur    Diabetes    Hay fever    Kidney disease

Does your child have any allergies other than medical? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please explain)

Does your child ever sleepwalk? Yes \_\_\_\_\_ No \_\_\_\_\_ Can your child swim? Yes \_\_\_\_\_ No \_\_\_\_\_

Last tetanus shot date \_\_\_\_\_

Does your child have any physical handicap or illness which would prevent him/her from participating in normal rigorous activity? Yes \_\_\_\_\_ No \_\_\_\_\_ (if yes, please explain)

Is your child allergic to any medications? \_\_\_\_\_

Your child's birth date: \_\_\_\_\_

Your child's age: \_\_\_\_\_

Grade is your child entering? \_\_\_\_\_