

CLEMSON FOOTHILLS CHURCH
MEDICAL RELEASE

Child's Name _____

Parent/Guardian _____

Contact Number _____

Email _____

Allergies _____

Medical Conditions _____

Waiver of Liability: I, as a parent or guardian of the child named above, do hereby give my permission for the child to attend and participate in all activities sponsored by The Clemson Foothills Church, located in Clemson, SC. To the extent permitted by law, I agree not to hold The Clemson Foothills Church or its employees or volunteers liable for any injury or harm to my child as a result of my child's participation in church activities or while my child is in transit to or from the program activity. I also give permission for the contact person listed to pick up my child in an emergency, if I am unable to do so.

Authorization for Treatment: In the event that emergency medical or dental treatment is needed, I hereby give permission to the youth leaders to seek any treatment they deem necessary (X-rays, routine tests, and necessary transportation). In the event that I cannot be reached in an emergency, I hereby give permission to the physician to secure and administer treatment, order injections, anesthesia, or surgery, including hospitalization for the child named above. I further acknowledge that I will be responsible for payment of all charges related to the medical or dental services provided.

Parent/Guardian Signature

Date

