

Olathe Bible Church
Emergency Medical Consent Form

Child's Name _____ Age _____ Date of Birth _____

Parent's Name(s) _____ Home Phone _____

Father's Mobile Number _____ Mother's Mobile Number _____

Home Address _____ City, State _____ Zip Code _____

Emergency Contact _____

Relationship to Child _____ Phone Numbers _____

The information in this section will be used by the emergency room personnel to treat your child in the event of a life threatening condition requiring immediate attention.

Drug allergies _____

Food or environmental allergies _____

Medications currently taken by your child _____

Date of last tetanus shot _____ Does your child have any internal medical devices? _____

Please mark an "x" by any medical conditions your child has:

Heart Epilepsy Asthma Diabetes Other Significant medical conditions

Your child's primary care physician: Name _____ Phone _____

Insurance Carrier _____ Policy Number _____

PHOTOGRAPH RELEASE:

() I hereby grant permission for my child’s photographs to be included in church newsletter, local press, video, outreach brochures and the church website. **Parent/Guardian Initials:** _____

PARTICIPATION IN OLATHE BIBLE CHURCH CHILDREN’S MINISTRY

I give permission for my child to participate in all activities offered during Children’s Ministry at Olathe Bible Church that are age appropriate. These include, play time, snacks, stories including Bible stories, songs, puppets, prayer, crafts, Olathe Bible Church approved and age appropriate videos, and creative movement. This may include indoor and outdoor play on the church grounds.

Parent/Guardian Initials: _____

MEDICAL RELEASE AND HOLD HARMLESS AGREEMENT

I (we), the parent(s), legal guardian(s), or custodian(s) of the child/children named above, knowingly release, absolve, INDEMNIFY, AND HOLD HARMLESS the Olathe Bible Church, as well as its employees, officers, directors, agents, representatives, affiliates, successors, and assigns from any and all causes of action of any kind whatsoever, whether in statute, contract, or tort (INCLUDING CLAIMS OF NEGLIGENCE), which in any way relate to or arise from the child’s activities at or sponsored by Olathe Bible Church. In the event the child/children named above is/are injured while in the care of Olathe Bible Church and require(s) the attention of a doctor, I (we) consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for which a physician and/or hospital employee refuse to administer without our consent, I (we) hereby authorize the Director of Childcare Ministries, and/or representatives of Olathe Bible Church to give consent for us if we cannot be reached by telephone at one of the numbers listed above, or if because of an emergency, there is not time or opportunity to make a telephone call. In the event that it becomes necessary for one of these persons to give consent for us, we agree to hold such person, as well as Olathe Bible Church, free and harmless and agree to INDEMNIFY such person, as well as Olathe Bible Church, from any claims, demands, or suits for damages (INCLUDING CLAIMS OF NEGLIGENCE) arising from the giving of such consent, as long as the treatment is administered by or under the supervision of a licensed physician.

Parent/Guardian signature: _____

Date: ____/____/____

Notary signature: _____

Date: ____/____/____