

SAFEHARBOR CHRISTIAN CHURCH

730 Upsala Rd Sanford, FL 32771

(407) 322-0980

MEDICAL RELEASE AND WAIVER & INDEMNITY AGREEMENT

Name of Minor: \_\_\_\_\_

Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

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

List all Known Medical Conditions, Allergies, Etc.. In Addition, Include Any and All Over-the Counter and/or Prescription Medications Taken Regularly.

\_\_\_\_\_

Date of Last Tetanus Shot \_\_\_\_\_

and/or other Vaccinations \_\_\_\_\_

Emergency Contact Information:

▶ Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

▶ Name: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical/Dental Insurance Information:

▶ Insurance Company: Group Number: \_\_\_\_\_

▶ Card Holder's Name: Policy Number: \_\_\_\_\_

Medical Information:

▶ Doctor's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

▶ Address: \_\_\_\_\_

▶ Dentist's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

▶ Address: \_\_\_\_\_

Parent's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

► I hereby consent and give permission to Safeharbor Christian Church or any adult chaperone acting on behalf of Safeharbor Christian Church with respect to any Safeharbor Christian Church activity, as agent for me, to consent to any x-ray examination, injection, anesthesia, medical, dental, or surgical diagnosis and treatment, and hospital care and treatment advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either as an outpatient or in any hospital. To the best of my knowledge, I have listed above all of my child's medical allergies, current medications, medical problems, and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

► In consideration of Safeharbor Christian Church's accepting me or my child for participation in any Safeharbor Christian Church program or activity, I hereby, for myself, my heirs, executors, and administrators, waive and release any and all rights and claims for damages that I may have against Safeharbor Christian Church arising from said participation, except as limited herein. I warrant that I have the right to authorize the foregoing and do hereby agree to hold Safeharbor Christian Church harmless of and from any and all liability which may arise out of or result from such participation, except as may result from gross negligence or intentional torts.

Signed:

Print name:

STATE OF FLORIDA

COUNTY OF SEMINOLE

The foregoing was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by  
\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public – State of Florida

\_\_\_\_\_  
Printed name of Notary

Personally Known \_\_\_\_\_ OR Produced Identification \_\_\_\_\_

Type of Identification Produced \_\_\_\_\_

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Parent's Initials: \_\_\_\_\_ Date: \_\_\_\_\_

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