



**Journey 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 _____

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 Journey 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 Journey Bible Church. In the event the child/children named above is/are injured while in the care of Journey 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 representatives of Journey 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 Journey Bible Church, free and harmless and agree to INDEMNIFY such person, as well as Journey 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: ____/____/____

Witness: _____ Date: ____/____/____

Witness: _____ Date: ____/____/____

Both witnesses must be someone other than a parent, guardian, or church staff.