

Preschool Enrichment Program

Highland View Church of Christ
138 Providence Rd.
Oak Ridge, TN 37830
(865)483-7478

Summer Safari Permission and Medical Consent Form

As parent or legal guardian, I hereby give permission for my child to:

____ Participate in Highland View Church of Christ's P.E.P. Summer Safari

____ Ride in a church owned and operated vehicle

____ Ride in a vehicle owned by a P.E.P. teacher or substitute

Child's Full Name: _____

First

Middle

Last

Child's Sex: _____ Birth date: _____ Age: _____

Parent or Guardian Name: _____

Home Address: _____

Home Phone: _____ Business Phone: _____ Cell Phone: _____

If not available in an emergency, notify:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Does this child have any of the following allergies:

Penicillin _____ Other _____

Other Drugs _____

Insect Bites _____

Poison Ivy, etc. _____

Hay Fever _____

Does this child have any medical or health problems, and has this child had any chronic or recurring illness or illnesses, which would have an effect on the child's participation in this activity? () Yes () No

If yes, describe the problems or illnesses _____

State the name, address, medical specialty, and phone number of this child's family physician and any other physician should be consulted in the event of emergency or medical problems involving this child: _____

State the name, address, and phone number of this child's dentist (and orthodontist if applicable): _____

Is there a medical or hospitalization insurance which provides benefits for this child? ____

If so, please indicate:

Name and address of Insurance Co. _____

Policy No. of Insurance Policy _____

Name of Policy Holder _____

Phone Number of Insurance Co. () _____

Indicate the date of this child's last tetanus shot _____

Are there any activities, such as strenuous activities, to be restricted for this child? ____

If so, describe _____

Is this child on any medications? ____ If so, please state the medications _____

If so, will this child be bringing to the activity the medications that he/she should be taking? _____

Describe any dietary restrictions that this child is required to observe: _____

Other comments or suggestions from the parent of guardian concerning this child: _____

I understand that Highland View Church of Christ carries medical and hospitalization insurance coverage which, consistent with the exclusions, limitations and terms thereof, may provide benefits over and above any personal medical and hospitalization coverages available to my family. I understand that any personal medical and hospitalization insurance available to my family will provide primary coverage and the ministry's medical and hospitalization coverage (subject to the exclusions, imitations and provisions in the ministry's policy) may provide secondary or excess coverage. I agree to apply first for benefits from the personal hospitalization and medical coverages available to my family, if any, before applying for benefits that may be available from the ministry's medical and hospitalization coverage.

I further understand that, in the event my child requires medical or dental treatment while engaged in the activity, reasonable efforts will be made to contact me; however, if I cannot be reached, I hereby consent and give permission to the ministry's sponsor or any adult counselor acting on behalf of the ministry with respect to the activity, as agent for me, to consent to any X-ray examination; infections; 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, medications, being taken, medical problems and other pertinent information. My child has permission to participate in all prescribed activities except as noted by me.

Signature _____ Date _____

(Parent or Guardian)

Witness _____ Date _____