



**OPEN DOOR CHURCH**  
**STUDENT MINISTRY**  
**Medical Release Form**

**The Open Door Church**  
**600 Miller Street**  
**Chambersburg, PA 17201**  
**717-264-3266**

**10-11**

Participants Name \_\_\_\_\_ Birth date \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

My son/daughter, \_\_\_\_\_, has permission to attend and participate in activities sponsored by The Open Door Church for the year September 2010 - August 2011.

If my son/daughter needs medical attention, I designate the person chosen by The Open Door Church to supervise the activity as the person to select the health care provider or providers for my child, and I grant the health care provider or providers so chosen my permission to provide medical services to meet my child's needs. The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned son/daughter pursuant to this authorization. I understand that there is a risk of my son/daughter being injured during this activity and the undersigned, for themselves and their heirs, successors, and assigns release and fully and forever to defend, indemnify, and hold harmless from and against any claim, action, demand, cause of action, or suit, of whatever nature, whether for physical injury, medical expense, or property damage, either to the undersigned or to any child of the undersigned, which may at any time arise or accrue as a result of my child's participation in the activity, except to the extent that the same is the result of the gross negligence or intentional conduct of, in which event any claim will be strictly of the agency of the person directly responsible for such conduct. Should it be necessary for my son/daughter to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs, and The Open Door Church or its designated representative is authorized to contract for such transportation services at the undersigned's expense. Such transportation shall be subject to the waiver/release provisions of this agreement. The undersigned does also hereby give permission for my son/daughter to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by The Open Door Church.

**HMO/Insurance Information**

Insurance Company Name \_\_\_\_\_ Physician's Phone Number (\_\_\_\_) \_\_\_\_\_

Physician's Name \_\_\_\_\_ Group Number \_\_\_\_\_

Policy Number \_\_\_\_\_ Date of last tetanus shot \_\_\_\_\_

**Please thoroughly complete the following information.**

*Not applicable* List all known allergies \_\_\_\_\_

*Not applicable* Special medical conditions \_\_\_\_\_

List **ALL** medications, over-the-counter or prescription, (includes Tylenol or Advil, etc.) dosages and times to be given.

\_\_\_\_\_  
 \_\_\_\_\_

We agree to abide by all of the above statements.

Today's Date \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

Parent/ Guardian Signature \_\_\_\_\_

I give permission for pictures from events to be used on the ODSM website and promo videos. YES NO