



SEVENTH EPISCOPAL DISTRICT

African Methodist Episcopal Church

110 Pisgah Church Road

Columbia, SC 29203

(803) 935-0500

Jld123bishop@yahoo.com

James L. Davis † Arelis B. Davis, Servant Leaders

MEDICAL TREATMENT RELEASE FORM

As a parent/guardian, I do hereby authorize the treatment of the named minor, by a qualified and licensed Medical Doctor in an emergency, which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me.

Name of Minor: _____ DOB: _____ Grade: _____

Address of Minor: _____

Home Phone: _____ Cell/Emergency Phone: _____

Printed Name of Parent/Guardian(s): _____

In case of emergency, contact:

1. Name: _____ Relationship: _____ Phone: _____

Address: _____

2. Name: _____ Relationship: _____ Phone: _____

Address: _____

Family Physician: _____ Phone: _____

Address: _____

List allergies, medication, or other medical conditions:

Health Insurance Company: _____ Policy Holder's Name: _____

Policy Number: _____ Group Number: _____

This release form is completed and signed on my own free will with the sole purpose of authorizing medical treatment under emergency circumstances in my absence.

This form must be completed for your child(ren) to attend The Seventh Episcopal District AME Church event.

Signature of Parent(s)/Legal Guardian(s)

Date



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CONSENT/LIABILITY FORM

To Whom It May Concern:

I (We) the parent/legal guardian do hereby permit our/my child _____,

To attend and participate in activities and events sponsored by Seventh Episcopal District AME Church. In allowing my child to attend sponsored events, I agree to enforce and encourage my child to follow the rules and regulations set out by Seventh Episcopal District AME Church. All youth are to be released into the hands of a qualified chaperone.

I (We), understand that no youth will be allowed to freely roam without a chaperone, nor will they be released until the set time for their session(s) to end. Youth are to be escorted by chaperones, AT ALL TIMES.

I (We), authorize an adult chaperone, in whose care the youth has been entrusted, in the event of an emergency to consent to an X-Ray examination, anesthetic, medical, surgical diagnosis, or treatment and hospital care, to be rendered to the minor under the general supervision and on the advice of any physician under provision of the Medical Practice Act on the medical staff of a licensed hospital.

I (We), the parent/guardian will be liable and agree to pay all costs and expenses incurred in connection with such medical services rendered to my child. Should it become necessary for our/my child to return home due to medical reasons or otherwise, I the parent/guardian agree to assume all transportation costs.

I (We), the parent/guardian do also permit my/our child to ride in any vehicle designated by the adult chaperone in whose care the minor has been entrusted while attending and participating in activities Seventh Episcopal District AME Church.

I (We), the parent/legal guardian do hereby release, forever discharge, and agree to release the Seventh Episcopal District AME Church and the directors thereof from all liability, claims, or demands.

Signature of Parent(s)/Legal Guardian(s)

Date

Signature of Chaperone

Date
