



Minor Child Medical Release

St. Andrew By-The-Sea UMC

Please print legibly.

Minor Child

Full legal name: _____

Home address: _____

Phone number: _____ Date of birth: _____

Parents or Legal Guardians

Name: _____ Relationship: _____

Address (if different from minor child): _____

Phone number: _____

Email Address: _____

Name: _____ Relationship: _____

Address (if different from minor child): _____

Phone number: _____

Email Address: _____

Emergency contact

List two people (other than parents/guardians) who may be contacted in the event of an emergency:

Name: _____

Phone number: _____

Relationship: _____

Name: _____

Phone number: _____

Relationship: _____

Insurance information

Insurance company: _____ Policy number: _____

Address: _____

Name of insured: _____



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Medical and Allergy Information

Allergies: _____

List all medications being taken (prescription and over-the-counter): _____

Does an adult need to monitor the medication? Yes No (If yes, please attach instructions)

Any other significant information: _____

Medical Consent and Photo Release

As the parent/guardian of listed child below, I hereby give permission for my child to participate in St. Andrew By-The-Sea UMC Children and Youth Activities. I understand that St. Andrew By-The-Sea UMC (SABTS) is a nonprofit charitable institution which is voluntarily presenting these programs for my child, other participants, and the community. I also understand that these programs may have activities that involve physical contact with other children, the ground, or equipment that could result in a risk of physical injury to my child.

My child is in proper physical condition and has no existing injuries or conditions that could jeopardize his/her safety or health, or the safety or health of other participants.

I therefore release and discharge all liability for any harm or injury suffered directly or indirectly as a result of my child's participation in SABTS Programs, Ministries, Activities, whether or not resulting from negligence, and I agree not to sue SABTS, its representatives, staff, or volunteers on any such claim.

I also give permission for SABTS representatives, staff or volunteers to administer first aid or to seek medical care for my child during my child's participation in the programs, including transportation of my child to a medical facility for additional treatment that appears necessary.

I DO give permission for my child's picture to be taken for use in church communications and local community marketing.

Parent/Guardian Name (printed) _____

Parent/Guardian Signature _____

Date _____

St. Andrew By-The-Sea UMC
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Hilton Head Island, SC 29928



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