

**Manhattan First**

2310 Candlewood Dr., Manhattan, KS, 66503 (785)537-7633

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**For the year of \_\_\_\_\_ Emergency Medical Treatment Consent Waiver & Liability Release**

Name of Child: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Street Address: \_\_\_\_\_ Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

I give permission for my child to take part in all activities sponsored by Manhattan First, Manhattan, Kansas that take place at and away from the church premises.

I agree and do hereby release and discharge any pastoral staff member, activity director, or sponsor from all claims, present and future, known or unknown, in any manner arising out of the activity. I further understand and agree that this release shall hold any pastoral staff member, activity director, or sponsor harmless from any and all liability relating to my child for any and all personal injury or illness that may be suffered by my child, and further, I agree to hold them harmless from any loss of property by my child that may occur during the activity.

I hereby authorize *MANHATTAN FIRST*, Manhattan, KS to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available. Any qualified physician, called by *MANHATTAN FIRST*, may treat and fully exercise the necessary procedures to insure the health and wellbeing of my child.

*It is understood that a conscientious effort will be made to notify me (parent or guardian) before such action is taken.*

**Health Insurance Co. or policy number** \_\_\_\_\_

**Physician's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_

**Father** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Employed by** \_\_\_\_\_

**Mother** \_\_\_\_\_ **Business Phone** \_\_\_\_\_

**Employed by** \_\_\_\_\_

**Secondary Emergency Contact** \_\_\_\_\_

**Relation** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Medications** \_\_\_\_\_

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Signature of Parents:

\_\_\_\_\_  
Signature of Mother

\_\_\_\_\_  
Signature of Father

**NOTARY PUBLIC:**

In witness thereof, the above person(s) known to me as \_\_\_\_\_  
appeared before me on this day to sign the above agreement of terms.

\_\_\_\_\_  
Signature of Notary

Date: \_\_\_\_\_

My Commission Expires \_\_\_\_\_

*seal*