

MEDICAL & LIABILITY RELEASE



STUDENT INFORMATION:

NAME: _____ BIRTH DATE: ____/____/____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PRIMARY PHONE: _____

EMAIL ADDRESS: _____

PARENT/GUARDIAN INFORMATION:

NAME: _____

WORK PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ RELATIONSHIP TO STUDENT: _____

WORK PHONE: _____ CELL PHONE: _____

INSURANCE INFORMATION:

PLEASE PROVIDE A PHOTOCOPY OF MEDICAL/DENTAL INSURANCE CARDS

Do you have Health Insurance? _____ YES _____ NO

INSURANCE NAME: _____

POLICY NUMBER: _____ GROUP NUMBER: _____

BILLING ADDRESS: _____

STUDENT HEALTH HISTORY:

ALLERGIES: _____

OTHER CONDITIONS: _____

DATE OF LAST TETANUS SHOT: ____/____/_____

FAMILY DOCTOR: _____ PHONE: _____

DENTIST: _____ PHONE: _____

MEDICATIONS:

MEDICATION NAME	ROUTE	DOSAGE	FREQUENCY/ INDICATIONS	COMMENTS
Additional Physician Instructions/Orders				

RESPONSE AND CONSENT: Please read carefully and sign

The Medical Release Form is correct as far as I know. In the event that I cannot be reached, I hereby grant my permission to the physician or dentist selected by the church leadership to order x-rays, routine tests, hospitalize, secure treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I recognize that every church activity is carefully planned and organized; however, even with the best planning, unforeseen events can occur. By signing this form, I agree to assume and accept all risks inherent within church-related activities, as well as agreeing not to hold the church, its employees, or its volunteers liable for damages, losses, or injuries to the person or property undersigned. I understand that I am signing for a minor on this form, and my signature is for both a medical and liability release.

PARENT/GUARDIAN SIGNATURE: _____

PRINT NAME: _____ DATE: ____/____/_____