

MEDICAL AND LIABILITY RELEASE FORM (2010)

(Please Print)

NAME: _____ DATE _____

ADDRESS: _____

CITY: _____ State _____ ZIP: _____ PHONE: () _____

SOCIAL SECURITY # _____ BIRTHDATE _____ GRADE _____

PARENTS NAMES _____

WORK PHONE NUMBER(S) _____ CELL PHONE # _____

IN EMERGENCY NOTIFY: _____

PHONE: _____

DOCTOR: _____ ADDRESS _____ PHONE _____

DENTIST: _____ ADDRESS _____ PHONE _____

HEALTH HISTORY:

Allergies: _____ Insect Stings _____ Drugs _____ Other _____

Other Conditions: _____

Heart _____ Frequent Colds _____ Chronic Asthma _____ Diabetes _____

Frequent stomach upsets _____ Epilepsy _____ Physical Handicap _____ Other _____

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions):

Name and dosage of any medications that must be taken: _____

Any activity restrictions? Yes _____ No _____ If yes? What restrictions? _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance? _____ Yes _____ No What type? HMO _____ PPO _____ POS _____

NAME OF INSURANCE COMPANY: _____

NAME OF POLICY HOLDER (PARENT): _____

POLICY NUMBER (PARENT'S): _____ STUDENT'S # _____

ADDRESS: _____

"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary." **Parent/Guardian initials:** _____

LIABILITY RELEASE:

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parents or guardian agrees to assume and accept all risk and hazards inherent in church-related social activities. They also agree not to hold Kirby Woods Baptist Church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release:

Parents or Guardian's signature: _____ Date _____