

IMMANUEL CHURCH - Medical and Liability Release Form

STUDENT'S NAME _____ AGE _____ INCOMING GRADE _____

ADDRESS _____ CITY _____

ZIP _____ PHONE _____ SEX _____ D.O.B. _____

In case above number does not answer please notify:

NAME _____ PHONE _____

DOCTOR _____ PHONE _____

HEALTH HISTORY

Allergies: Insect stings Drugs (type _____) Others: _____

Other Conditions: Heart Condition Frequent Colds Chronic Asthma Diabetes Hay Fever

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)

Date of last tetanus shot: _____

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

Any swimming restrictions: Yes No Any activity restrictions: Yes No

What restrictions? _____

Our church's insurance is only secondary insurance. 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 **If you DO NOT have health insurance please fill out the additional medical insurance waiver on the bottom of this form.**

Name and Address

Policy Number _____

"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 and injection, anesthesia, or surgery for my son or daughter as deemed necessary."

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 parent/guardian agrees to assume and accept all risks and hazards inherent in church related activities. They also agree not to hold this church or its employees or volunteer staff 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.

Signature Date Parent or Guardian's

Medical Insurance Waiver (Only for those w/o insurance fill out this bottom portion)

_____ has no medical insurance. I/we, _____ accept full responsibility for any
Student's Name Parent or Legal Guardian

medical expenses incurred as a result of an accident or injury that occurs during a Immanuel Church sponsored event.

Signature

Date