

Friends Community Church Medical Release Form

<< Children's and Youth Ministries >>

THIS MEDICAL RELEASE FORM IS FOR THE JUNE 2015 – MAY 2016 EVENTS CALENDAR

Name _____ Age _____ Grade _____ Date of Birth _____

Address/City/Zip _____ Home Phone _____

Parent Work Phone _____ Parent Cell Phone _____

Other **Emergency** Contact _____ Relationship _____ Phone _____

Family Doctor _____ City _____ Phone _____

Health History:

- | | | | |
|------------------------------------|--|--|---|
| <input type="checkbox"/> Drugs | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Chronic Asthma | <input type="checkbox"/> Epilepsy/Nervous Disorders |
| <input type="checkbox"/> Hay Fever | <input type="checkbox"/> Other Allergies | <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Frequent Stomach Upsets |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Allergies |

Details (i.e. include normal treatment or allergic reactions) _____

Date of last tetanus shot _____ Name and dosage of any medications that must be taken _____

Any activity restrictions? ☐ Yes ☐ No

What restrictions _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the information necessary to give you or your child proper medical service during this activity/trip. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity/trip.

Do you have Health Insurance? ☐ Yes ☐ No

Name of Insurance Company _____

Policy # _____

Group # _____

Authorization Phone Number (if necessary) _____

MEDICAL RELEASE: In the event I cannot be reached in an emergency during the activity dates shown above on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for me or my child as deemed necessary. I also authorize the nurse on duty or trip leader at the activity to administer medical aid as required for illness or injury under a physician's orders.

LIABILITY RELEASE: No recreational activities are without the possibility of unforeseen hazards. Certain activities inherently have risks associated with them. Therefore, we want to alert parents, guardians and individuals to them. It is impossible to list all such risks. Personal injury and property damage may result from participating in some of our activities which may include strenuous competition games, broom hockey, skiing, snow tubing, ice skating, snow boarding, other winter related sports and activities, boating, biking, rappelling, night games, volleyball, roller-skating/blading, skate boarding, swimming, other water and summer related sports which we allow. Injury and property damage may also result from activities which we do not allow thereby violating our standing common sense rules. The intent of this Liability Release is to prevent Friends Community Church from being held liable for injuries to person or property when attendees of our activity/trips are injured as a result of an activity which we do or do not allow. By signing this form, the parent, guardian or individual agrees to assume and accept all risks and hazards. The signer also agrees not to hold Friends Community Church, its pastors, employees, lay staff or volunteer staff liable for damages, losses or injuries to the person(s) or property including results for active negligence or other wrongful conduct on the part of Friends Community Church, its pastors, employees, lay staff or volunteer staff. The signer understands that they are signing for the minor listed on this form and that they further understand that signing this Liability Release constitutes a full and complete release from liability insofar as Friends Community Church is concerned and an agreement to hold said church harmless and relieved of any responsibility for injury or damage to you or your child. The signature is for both Medical and Liability release. ***It is also acknowledged that if my child has to return home early for discipline violations it will be at the parent/guardian's expense.***

Parent/Guardian Signature (You may sign your own release if over 18)

Date _____

Print Name _____ Relationship to the child _____