

Medical and Liability Release

Name of Student _____ Age _____
Date of Birth _____ Sex _____ Height _____ Weight _____
Address _____
City _____ State _____ Zip _____
Home Phone (_____) _____

I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by (name of church) through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by the (name of church) and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold (name of church), its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature _____

Date _____

Signature of Student (if over 18) _____

Emergency Contact Person

Parent/Guardian Name _____

Address (if different from student)

Home Phone (_____) _____

Work Phone (_____) _____

Mobile Phone (_____) _____

Alternate Contact Person

Parent/Guardian Name _____

Address (if different from student)

Home Phone (_____) _____

Work Phone (_____) _____

Mobile Phone (_____) _____