

2010 Medical and Liability Release Form

Name _____ Age _____ Phone _____

Address _____ City _____ Zip _____

In emergency, notify _____ Phone _____

Additional Phone _____

Doctor _____ Phone _____ City _____

HEALTH HISTORY:

Allergies: Insect sting _____ Medications _____ Foods _____ Other _____ Please specify here _____

Other Conditions:

Heart condition _____ Frequent colds _____ Chronic asthma _____ Epilepsy _____ Diabetes _____ Hay fever _____ Migraines _____

Physical handicap _____ If you checked any of the above, please explain. _____

And give normal treatments in the event of any of the above? _____

Date of last tetanus shot _____

Name and dosage of any medications being taken: _____

Any swimming restrictions: _____ Any activity restrictions: _____

If Yes, 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 event of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance? _____ Name of Provider _____ Policy number _____

Address _____

Phone number _____

"In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or an injection, anesthesia, or surgery for my child as deemed necessary."

Parent or guardian's signature _____

Please print name _____ Date _____

LIABILITY RELEASE

Every activity sponsored by Sun Grove Church is carefully planned and adequately supervised by mature adults. However, even the best of planning and precautions, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church related activities. They also agree not to hold Sun Grove Church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. In the event that it becomes necessary or advisable for any reason whatsoever to alter the itinerary or arrangements, such alterations may be made. Also, I understand that I will be required to pick-up the fore mentioned student at the director's request if the participant's behavior is contrary to the spirit and content of this activity. 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. The signing of this form by the parent or legal guardian shall be deemed consent to the above conditions.

Parent / guardian's signature: _____ **Date :** _____