

Medical/Liability Release Form 2015-2016

Christ United Methodist Church Mobile, Alabama

Students Name: _____ Gender _____ Grade _____

Students Date of Birth: _____

I/we affirm that the health insurance information provided below is current and accurate:

Health Insurance Provider: _____ Policy Number: _____

Name the insurance is under and their DOB: _____

Mother/Guardian's name: _____

Address: _____ Date of birth: _____

City: _____ State: _____ Zip: _____ Home #: _____

Employer: _____ Work #: _____

Father/Guardian's name: _____

Address: _____ Date of birth: _____

City: _____ State: _____ Zip: _____ Home #: _____

Employer: _____ Work #: _____

If Emergency, please notify: _____ Phone: _____

If unable to reach me, contact: _____

Relationship to student: _____ Phone Numbers: _____

Family Physician: _____ Phone: _____

Immunizations: Tetanus/Year Given _____ Polio Booster Measles

Mumps Other: _____

MEDICAL HISTORY (check box to give appropriate information)

Asthma Sinusitis Bronchitis Kidney trouble Diabetes Dizziness

Heart trouble Stomach upset Hay Fever Other: _____

Allergies: Food: _____

Poison sumac, oak, or ivy: _____

Insect stings/bites: _____

Penicillin/Antibiotic: _____

Previous operations or serious illnesses: _____

Any current medications: _____

Special diet (name): _____

Childhood diseases: Chickenpox Measles Mumps Other: _____

I/We, the undersigned, are the parents, the parents having legal custody, or the legal guardians of _____ a minor, and have given consent for him/her to participate in the Children's/Youth Ministry at Christ United Methodist Church. I acknowledge that there are certain risks associated with participation in any activity or program, including transportation accidents, injuries, loss of personal items, criminal actions beyond the control of Christ United Methodist Church, or other harm that may occur to my child. I assume the risk associated with such activities and release Christ United Methodist Church of any liability for such. In the event that he/she is injured while attending any event of this ministry and requires the attention of a doctor, I/we consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is called for, which a physician and/or hospital personnel refuses to administer without my/our consent I/we hereby authorize any staff or adult counselor to give such consent for us if I/we cannot be reached by telephone at one of the numbers listed above, or, because of an emergency, there is not time or opportunity to make a telephone call. In the event it becomes necessary for that person to give consent for us, I/we agree to hold such person free and harmless of any claims, demands, or suits for damages arising from giving such consent so as the treatment is administered by or under the supervision of a licensed physician. I/We also acknowledge that I/we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. I will notify the church if I feel there are any health considerations that would prevent my child's participation in an activity. I also give my permission for church leaders to restrict my child from participation in any activity, which they have any question about for health or other reasons.

Parent/Guardian (s) (if under 18 P/G (s) Drivers License # _____

Date: _____

Print name

Signature

Sign in the presence of a notary

STATE OF ALABAMA; COUNTY OF MOBILE

SUBSCRIBED and SWORN TO before me on this the _____ day of _____ 20____

NOTARY PUBLIC: _____ MY COMMISSION EXPIRES: _____