

# Medical/Liability Release Form Sept 2016- Aug 2017

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: \_\_\_\_\_