

Medical Release/Health Form

Basic Information

Name of Student _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____

Sex _____ Height _____ Weight _____ Age _____

Emergency Contacts

1. Parent/Guardian Name _____

Address (if different from student) _____

City _____ State _____ Zip _____

Primary Phone (____) _____ Secondary Phone (____) _____

2. Alternate Contact _____ Relationship _____

Address (if different from student) _____

City _____ State _____ Zip _____

Primary Phone (____) _____ Secondary Phone (____) _____

Insurance Information

Name of Insurance Company _____

Policy Number _____ Group Number _____

In whose name is the insurance? _____

Family Doctor _____ City _____

Phone Number (____) _____

Health History

Pre-existing or present medical conditions _____

Name and dosage of any medications that must be taken _____

Allergies to medications _____

Allergies to other _____

Describe the reactions that result from these allergies _____

Date of last tetanus shot _____ Contact lenses? ____ Yes ____ No

Swimming Restrictions? ____ Yes ____ No

If yes, what are the restrictions? _____

Any activity restrictions? ____ Yes ____ No

If yes, what are the restrictions? _____

Permission to Participate

_____ has my permission to participate in *Kingsburg Community Church* youth activities from August 2017 to August 2018. I, the parent/guardian of the above named participant, *relieve Kingsburg Community Church (here to for referred to as KCC)*, the sponsors, pastors, board of directors, and drivers of all liability in case of accident during this year's activities. It is understood that the sponsors will take all necessary precaution to safeguard the safety and welfare of the participant. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. Please initial _____

Medical Release

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the parent/guardian listed on this form. In the event I cannot be reached in an emergency during activities sponsored by *KCC*, I hereby give my permission to the physician or dentist selected by *KCC* to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I also authorize any nurse or emergency medical professional on duty at any activity of *KCC* to administer medical aid as required for illness or injury under a physician's orders. The signature of the parent or guardian below is intended to serve as a medical release. Please initial _____

Release of Liability and Indemnity

I hereby agree to allow said minor to participate in activities of *KCC*, including but **not** limited to boating, basketball, rollerblading, swimming, biking, fishing, strenuous competition games, ropes course, giant swing, river floating, laser tag, snow tubing, night games, frisbee golf, volleyball, hiking, other winter and summer related sports activities and youth trips including missions and service projects. I realize that unanticipated and unexpected dangers may arise during and associated with the above activities. I voluntarily agree to accept all risks of injury, death, or damages of any nature resulting directly or indirectly from the named minor's participation in these activities. Please initial _____

I have carefully read this agreement and fully understand its contents. I am aware that his is a release of liability and indemnity and that it is a legally binding contract between *Kingsburg Community Church* and me and I sign of my own free will.

X _____ Date _____

Parent or Guardian's signature (you may sign your own release if 18 or older)

Print Name _____ Relationship to child _____