



**MEDICAL AND LIABILITY RELEASE FORM (2018)**

**(Please Print)**

NAME: \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE: ( ) \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ N/A \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ GRADE \_\_\_\_\_

PARENTS NAMES \_\_\_\_\_

WORK PHONE NUMBER(S) \_\_\_\_\_ CELL PHONE # \_\_\_\_\_

IN EMERGENCY NOTIFY: \_\_\_\_\_

PHONE: \_\_\_\_\_

DOCTOR: \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

DENTIST: \_\_\_\_\_ ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**HEALTH HISTORY:**

Allergies: \_\_\_\_\_ Insect Stings \_\_\_\_\_ Drugs \_\_\_\_\_ Other \_\_\_\_\_

Other Conditions: \_\_\_\_\_

Heart \_\_\_\_\_ Frequent Colds \_\_\_\_\_ Chronic Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_

Frequent upset stomach \_\_\_\_\_ Epilepsy \_\_\_\_\_ Physical Handicap \_\_\_\_\_ Other \_\_\_\_\_

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any activity restrictions? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes? What restrictions? \_\_\_\_\_

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ What type? HMO \_\_\_\_\_ PPO \_\_\_\_\_ POS \_\_\_\_\_

NAME OF INSURANCE COMPANY: \_\_\_\_\_

NAME OF POLICY HOLDER (PARENT): \_\_\_\_\_

POLICY NUMBER (PARENT'S): \_\_\_\_\_ STUDENT'S \_\_\_\_\_

ADDRESS: \_\_\_\_\_

"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary."

**Parent/Guardian initials:** \_\_\_\_\_

**LIABILITY RELEASE:**

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parents or guardian agrees to assume and accept all risk and hazards inherent in church-related social activities. They also agree not to hold Kirby Woods Baptist Church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. 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:

Parents or Guardian's signature: \_\_\_\_\_

Date \_\_\_\_\_