

# Community Bible Church

940 W. Mount Vernon Road, Mount Vernon, IA 52314 319/895-6269

## Medical and Liability Release Form

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

### In Emergency Notify \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

Doctor \_\_\_\_\_ City \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

### Health History:

Allergies: \_\_\_\_\_ Insect Stings: \_\_\_\_\_ Medications: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

### Other Conditions:

Heart Conditions     Frequent Colds     Chronic Asthma     Frequent Stomach Upsets

Diabetes     Epilepsy     Hay Fever     Physical Handicap

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: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Any Activity Restrictions:  YES  NO

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 case of illness or injury while your son or daughter is on a church related activity.

### Health Insurance Information:

Do you have health insurance?  YES  NO

If "yes" Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Address: \_\_\_\_\_

"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 order an injection, or surgery for my son or daughter as deemed necessary."

### LIABILITY RELEASE:

Every action sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best planning and precaution, 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 social activities. They also agree not to hold this 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.

Parent or Guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_

**This form remains in effect for a year after signing**