

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