Tulare Evangelical Free Church Youth Ministries

Medical and Liability Release Form

Name of Child _____Birthdate__/__/__

Address_____

City_____ ZIP _____ Phone _____

In Case of Emergency Notify:

Name/Relationship _____ Phone _____

Name/Relationship_____ Phone _____

Doctor _____ City _____Doctor's Phone_____

Health History

Allergies: ___Insect Stings ___Drugs ___Other Allergies

Other Conditions: ___Heart Condition ___Frequent Cold ___Chronic Asthma

___Hay Fever ___Epilepsy ___Frequent Upset Stomach

___Physical Handicap ___Diabetes ___Other Conditions

If you checked any of the above, please explain below (include normal treatment):

_____

_____

_____

Name and dosage of any medications taken regularly:_____

_____

Any swimming restrictions ? ____ Yes ___ No

Any activity restrictions? ___Yes ___No

If yes, what restrictions?

_____

_____

Insurance Information

Our church's insurance is only secondary insurance pertaining to areas of liability and or accidental negligence. In cases of injury and or illness requiring medical attention the participant acknowledges that their personal insurance carriers will be billed for any and all medical expenses resulting from their participation in church related activities. Participants not maintaining medical insurance will be held individually responsible for any medical expenses incurred upon their behalf.

The participant further authorizes the Church to seek medical treatment on their behalf during emergency circumstances wherein they may be incapacitated or unable to render permission for medical treatment.

Do you have health insurance? ___Yes ___No

Name of Health Insurance Company:

_____

Policy Number:_____

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.

Liability Release

Every activity planned by the Tulare Evangelical Free Church Children's Ministries Department is carefully planned and adequately supervised by adults. However, even with the best of 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 and guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. I hereby request supervisors in the Children's Department to carry out any discipline deemed necessary for my child. I also agree, if necessary, that I will pay the expense of my child being sent home because of disciplinary action.

Signature of Parent or Guardian _____

Valid from September 1, 2008 through August 31, 2009