

2015



2016

Student Medical/Liability Release Form

PERSONAL INFORMATION:

Participant's Name: _____ Today's Date: _____

Home Phone #: () _____ Birth Date: _____ Current Grade: _____

Address: _____ City: _____ Zip: _____

PARENTAL/GUARDIAN CONSENT:

As the parent or legal guardian of the above named minor, I give my permission for him or her to participate in activities, events, and programs of Journey Christian Church during the year June 1, 2015, through May 31, 2016. I understand the inherent risks that are involved in these activities and hereby release JCC, its staff, employees and volunteers from responsibility and liability for any injury or illness sustained during these activities, events, and programs.

Further, I do authorize the minister, adult leader, or sponsor of the activity, event, or program, or any JCC staff member, in the event I cannot be reached by phone, to give consent to a physician and or hospital for emergency medical or surgical treatment. It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment.

Further, I authorize Journey Christian Church to use photographs and video footage of the participant for promotional materials.

Printed Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

MEDICAL INFORMATION:

MEDICAL INSURANCE COMPANY: _____

POLICY NUMBER: _____ GROUP NUMBER: _____

PRIMARY NAMED INSURED ON POLICY: _____

PHYSICIAN: _____ PHONE: () _____

Emergency Contact Parent/Guardian: _____

Work Phone: () _____ Cell Phone: () _____

Emergency Contact Person (Other than above): _____

Home Phone: () _____ Cell Phone: () _____

Work Phone: () _____

PLEASE FLIP OVER AND FILL OUT THE BACKSIDE OF FORM.

Participant's Name: _____

MEDICAL HISTORY:

ALLERGIES (Drugs, food and environment with description of reaction):

CURRENT MEDICINES TAKEN (Prescription and over-the-counter):

DRUG	DOSE	Time Taken
------	------	------------

SPECIAL CONSIDERATIONS & INFORMATION:
