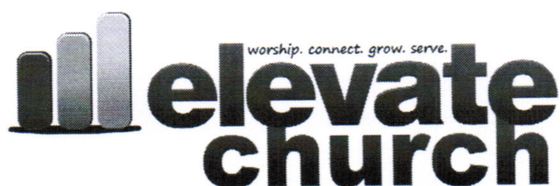

Medical/Liability Release Form

Please print in ink

Today's date: ____________________________

Participants Name: ____ Age ______

(LAST FIRST MIDDLE)

Birthday ____________________ School Grade ______________ Male _____ Female_____

Email____

Address_______________________________ City_______________ State_____ Zip___________

Phone_______________________ Mobile___________________

Medical Insurance Company____

Policy #____

Emergency Contact Phone: Home______________________ Work_____________________

Mobile 1_________________________ Mobile 2_______________________________

Alternate Emergency Contact Person ____

Phone_____________________________ Mobile____

Physician ____Office phone ________________________

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your son/daughter is subject and of which the staff of Elevate Church should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form.

Current medications that must be taken____

____

Check the following areas of concern. If necessary, add another page with details:

1. For your safety and our knowledge, is your son/daughter a:

___ good swimmer ___ fair swimmer ___ non-swimmer ___ other: ________________________

2. Does he/she have allergies to:

___ pollens ___ medications ___ food ___ insect bites ___other

Please explain:

____

____

3. Does he/she suffer from, or have ever experienced, or are being treated currently for any of the following: ______ asthma ______ epilepsy / seizure disorder ______ heart trouble ______ diabetes ______ frequently upset stomach ______ physical handicap ______ other: ____________________

4. Date of his/her last tetanus shot: ____

5. Does he/she wear ____ glasses ____ contact lenses

6. Please list and explain any major illnesses he/she have experienced during the last year:

____

____

Additional comments or medical history:

(please read carefully)

This consent form gives permission to seek whatever medical attention is deemed necessary and/or transportation to a medical treatment facility. I also release Elevate Church and its staff and/or appointed leadership of any liability against personal losses. I the undersigned willingly allow my son/daughter ____ to participate in events/programs being organized by Elevate Church. In the event that he/she is injured and requires the attention of a physician, I consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated by Elevate Church, I agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I also acknowledge that I will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I affirm that the health insurance information provided above is accurate at this date and will, to the best of my knowledge, remain active for any care he/she may require.

Parent signature: ____ **Date:** ________________

Print Parent(s) Name____