

MEDICAL AND LIABILITY RELEASE FORM 2009 – 2010

STUDENT NAME _____ AGE _____ BIRTHDATE _____

ADDRESS _____ ZIP _____ PHONE _____

PARENTS NAMES & PHONE _____

PARENT EMAIL _____ STUDENT EMAIL (if different) _____

IN CASE OF EMERGENCY & PARENTS CANNOT BE REACHED, NOTIFY _____

RELATIONSHIP TO STUDENT _____ PHONE _____

DOCTOR _____ PHONE _____

HEALTH HISTORY: Allergies: ___ Insect stings/Bites ___ Drugs ___ Other _____

Food Allergies: _____ Vegetarian: _____

Other conditions:

___ Heart condition

___ Diabetes

___ Hayfever

___ Frequent stomach upsets

___ Physical handicap

___ Epilepsy

___ Frequent colds

___ Chronic asthma

If you check any of the above, please give details (i.e. normal treatment of allergic reactions):

If necessary and/or requested by your child which of the following may your child take?

(Parents: Please initial individually if OK for your child to take if necessary): _____ Tylenol _____ Ibuprofen

Date of last tetanus shot: _____

Any swimming restrictions: ___ Yes ___ No Any activity restrictions: ___ Yes ___ No

If restrictions please specify: _____

INSURANCE

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.

Do you have health insurance? ___ Yes ___ No

Company Name _____

Address: _____

Policy Number: _____

LIABILITY RELEASE

Every activity sponsored by West Side Presbyterian Church of Seattle, Washington is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church, its employees, its volunteer assistants, or church members' private facilities, liable for damages, losses, or injuries to the person or property undersigned. The parents/guardians understand that they are signing for the minor listed on this form and the signature is for both medical and liability release.

In the event that I cannot be reached in an emergency during the dates specified on this form, May 15, 2009 - May 15, 2010, 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.

Signature of parent or guardian: _____ Date signed: _____

PLEASE TURN PAGE FOR STUDENT PARTICIPATION AGREEMENT - STUDENT SIGNATURE REQUIRED.

Students: You must read and sign the agreement below in order to participate in West Side Presbyterian Church youth sponsored activities or retreats.

STUDENT PARTICIPATION AGREEMENT

Every activity sponsored by West Side Presbyterian Church of Seattle, Washington is carefully planned and adequately supervised by mature adults. I agree to cooperate and fully participate in the activities I attend, including following directions of adults in charge. I understand it is never acceptable to have in my possession any of the following items: drugs, alcohol, cigarettes, firearms, knives or the like. If any of these items are in my possession and/or I use them, I understand my parents will be notified immediately and I will be sent home promptly by the adult in charge.

Signature of student: _____

Date signed: _____

THIS FORM IS VALID MAY 15, 2009 - MAY 15, 2010

West Side Presbyterian Church***3601 California Avenue S.W.***Seattle, WA 98116***206-935-4477
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