



valid-08/01/2010

MEDICAL AND LIABILITY RELEASE FORM

If any of this information should change while your child is participating in outside activities at Grace Chapel, please notify the youth office of these changes.

Middle School High School

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent (s) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Student Birthdate \_\_\_\_\_

Doctor Name \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Contact \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Health History

Allergies: \_\_\_\_\_ Insect stings \_\_\_\_\_ Drugs \_\_\_\_\_ Other allergies

Other conditions:

\_\_\_\_\_ Heart condition \_\_\_\_\_ Frequent colds \_\_\_\_\_ Chronic Asthma \_\_\_\_\_ Hay Fever

\_\_\_\_\_ Epilepsy \_\_\_\_\_ Frequent stomach upsets \_\_\_\_\_ Physical handicap \_\_\_\_\_ Diabetes

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

\_\_\_\_\_

Last tetanus shot \_\_\_\_\_ or mark "Current" if accurate at date of Release

Name and dosage of any medications that must be taken: \_\_\_\_\_

\_\_\_\_\_

Prescription Medication must be turned in to Youth Staff if to be administered during a youth event.

Any swimming restrictions? \_\_\_\_\_yes \_\_\_\_\_no

Any activity restrictions? \_\_\_\_\_yes \_\_\_\_\_no 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.

Do you have health insurance? \_\_\_\_\_yes \_\_\_\_\_no

If yes, name \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_

(PLEASE CONTINUE FORM ON REVERSE)



**LIABILITY RELEASE**

In the event 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, anesthesia, or surgery for my son or daughter as deemed necessary.

Every activity sponsored by Grace Chapel Church is carefully planned and adequately supervised by mature adults. Even with the best planning and precautions, unforeseen events or accidents can occur. By signing this form, the below indicated parent, guardian, or legal representative of the child or children named herein signifies that he or she fully understands the church activity participated in and accepts all risks and hazards inherent in such church activity.

Further, the below indicated parent, guardian, or legal representative of the child or children named herein agrees to hold harmless Grace Chapel, its employees, or volunteer assistants from any and all liability for damages, losses, or injuries to the person or property of any child or children named herein caused by acts or omissions amounting to simple negligence and to refrain from instituting any cause of action against any volunteer or person employed by Grace Chapel of Grace Chapel to recover losses, whether medical or otherwise arising from acts or omissions amounting to simple negligence in any court in the State of Oregon.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

(Whenever possible this document should be notarized.)

- ( ) Parent
- ( ) Guardian
- ( ) Legal Representative

State of Oregon )  
 ) ss.  
County of Clackamas )

On this \_\_\_\_\_ day of \_\_\_\_\_, 2 \_\_\_\_\_ appeared before me \_\_\_\_\_ subscribing an oath that the aforementioned matters were read, acknowledged, understood and upon signature agreeable.

\_\_\_\_\_  
Notary Public

My commission expires: