

# Medical and Liability Release Form

Clubber Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

In case above number does not answer please notify:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

## HEALTH HISTORY

Allergies:  Insect stings  Drugs (type \_\_\_\_\_)

Food (type \_\_\_\_\_)  Others: \_\_\_\_\_

Other Conditions:  Heart Condition  Frequent Colds  Chronic Asthma

Diabetes  Hay Fever  Epilepsy

Frequent Stomach Upsets  Physical Handicap

Other: \_\_\_\_\_

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

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Date of last tetanus shot: \_\_\_\_\_

Any medical conditions we need to be aware of: \_\_\_\_\_

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 Policy Number: \_\_\_\_\_

Name and 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 and injection, anesthesia, or surgery for my son or daughter as deemed necessary."*

**Liability Release**

*Every activity sponsored by this church 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 activities. They also agree not to hold this church or its employees or volunteer staff liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.*

**Parent/Guardian Signature and Date:** \_\_\_\_\_

**Valid from:** \_\_\_\_\_ **- through:** \_\_\_\_\_

**Medical Insurance Waiver**

\_\_\_\_\_ (*student*) has no medical insurance. I/We,  
\_\_\_\_\_ (*parent/legal guardian*), accept full responsibility for any medical expenses incurred as a result of an accident or injury during a Gospel Chapel Wesleyan Church sponsored activities.

**Parent/Guardian Signature and Date:** \_\_\_\_\_

**Photography Release**

By signing below I am giving the Gospel Chapel Wesleyan Church my permission to take my child(ren)'s picture for ministry and advertising purposes. No names will be used!

**Parent/Guardian Signature and Date:** \_\_\_\_\_