

LIVING WATER COMMUNITY CHURCH

EMERGENCY MEDICAL AND LIABILITY RELEASE FORM

(Please complete all lines completely and legibly, in black or blue ink)

First Name: _____ Middle Initial: _____ Last Name: _____

Gender: Male ___ Female ___ Date of Birth: ___ / ___ / ___
Mo. Day Yr.

Street Address: _____

Apt./Suite: _____

City: _____ State: _____ Zip: _____

Daytime Phone-*Include Area Code*: _____

Nighttime Phone-*Include Area Code*: _____

Full Name of Parent/Legal Guardian(s): _____

Street Address *(if different)*: _____

City: _____ State: _____ Zip: _____

Daytime Phone (if different) *Include Area Code*: _____

Nighttime Phone- *Include Area Code*: _____

Emergency Contacts- In the event parent or guardian cannot be reached, please contact:

#1 Name: _____ Relationship: _____

Daytime Phone- *Include Area Code*: _____

Nighttime Phone- *Include Area Code*: _____

#2 Name: _____ Relationship: _____

Daytime Phone- *Include Area Code*: _____

Nighttime Phone- *Include Area Code*: _____

Name of Insurance Carrier: _____

Policy or Group Number: _____

Insurance Carrier Phone (for emergency verification): _____

Health History: Please explain all appropriate details of any health problems including allergies (to medications, insect stings, foods, etc.), illnesses (cardiac, seizures, disabilities, etc.). *(Use back if needed)*. _____

Name and Phone Number of Family Doctor or necessary HMO information(Use back if needed): _____

Date of most recent tetanus shot: _____

Important-Parent or Guardian: please read, fill in your name on blank space, and sign below:

I, _____, hereby acknowledge that it is my desire that my child, named above on this form, participate in the church-sponsored youth activities of **Living Water Community Church**, Dalton, Ohio, including activities on or away from the church premises, as well as transportation to and from such activities. We are voluntarily participating in these activities, including transportation to and from such activities, with the knowledge of the normal risks involved. I hereby agree to accept such risks of injury as a result of such participation and transportation. The above health and medical information is accurate and complete as far as I know. I hereby give my permission to the leaders of Living Water Church to secure emergency medical and/or dental aid as required for illness or injury, including necessary transportation to and from the necessary facilities.

Signature (by registrant or parent/guardian of a minor or dependent person)

_____/_____/_____
Date