

Spring Road Christian Church Mandatory Health Release Form

Dates of Activity ___/___/___ through ___/___/___

(Please Print)

Name of Student _____ Date of Birth ___/___/___

Address _____ Age _____ Sex _____

City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Height _____ Weight _____

Student Email Address _____

Parent Email Address _____

Emergency Contact Person

Parent/Guardian Name _____

Address (if different from student) _____

City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

Alternate Contact Person

Name _____ Relationship _____

Address (if different from student) _____

City _____ State _____ Zip _____

Home Phone (____) _____ - _____ Work Phone (____) _____ - _____

Insurance Information

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity. If you do not have medical insurance you will be responsible for reimbursing Spring Road Christian Church for any expenses incurred for medical treatment.

Do you have health insurance? _____ Yes _____ No

Name of insurance company _____

Policy number _____

In Whose Name is the Insurance? _____

Family Doctor _____ City _____ State _____

If your child should require medical attention for injuries or illnesses contacted prior to this activity, please send us the necessary information to give him/her proper care during his/her time on the Spring Road Christian Church activity.

(over)

Health History

Any pre-existing or present medical conditions: _____

Name and dosage of any medications that must be taken: _____

Any allergies? _____	Frequent Stomach Upsets _____
Allergies to medications? _____	Heart Condition _____
Hay fever _____	Insect Stings _____
Diabetes _____	Asthma _____
Epilepsy/Nervous Disorders _____	Physical Handicap _____

Any major illnesses during the past year? _____

If any of the above are checked, please give details (include normal treatment of allergic reactions, etc.) _____

Date of last tetanus shot: _____ Contact lenses? _____

Any swimming reactions? ____ Yes ____ No If Yes, what? _____

Any activity restrictions? ____ Yes ____ No If Yes, what? _____

Parent Medical and Liability Release Statement:

I understand that in the event medical intervention is needed, every attempt will be made to contact me, or the person(s) listed on this form, immediately. In the event that I cannot be reached in an emergency during the activity dates shown on this form, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia or surgery for my child as deemed necessary by Spring Road Christian Church, its leaders, employees, and volunteer staff liable for damage, losses, diseases, or injuries incurred by the subject of this form.

I do hereby allow my child to participate in this specific activity of Spring Road Christian Church. I understand that Spring Road Christian Church will not be held responsible for any accident or injury to my child during the time that they are under the authority of this ministry. In the event of any misconduct performed by my child during the time that they are under the authority of Spring Road Christian Church, I understand that the full responsibility of having my child sent home via Greyhound Bus Line (or other means of transportation) will be mine, the parent.

Parent/Guardian Signature _____ Date ____/____/____

Signature of Student (if over 18 years of age) _____