_____ (church)

Medical & Surgical Waiver
Minor (Under 18)

I, _____, the parent and/or guardian of _____, a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give the said minor my express permission to travel and/or participate in church-sponsored events and functions of _____ (church) from January 1, _____, through December 31, _____. In the event that an emergency arises necessitating emergency medical or surgical attention, I hereby consent and give permission to _____ (church), or its representatives, and any attending physician to make such decisions and to perform such medical or surgical treatment upon said minor, which in their sole discretion, may be reasonable and necessary under the circumstances.

I, the undersigned parent and/or guardian of said minor, do release, acquit, discharge, and covenant to hold harmless the said _____ (church) or its representatives from any and all actions, damages, and/or liabilities arising out of the treatment of any sickness or accident incurred by said minor. It is the intention of this release that _____ (church) and its representatives incur no liability whatsoever while attending to the reasonable and necessary treatments, surgery, and other medical needs that may in their sole discretion be needed by said minor.

Print Name (parent) _____

Signature _____

Date _____

Person to contact in an emergency if Parent/Guardian is not available

Name _____

Phone _____

Relationship _____

Health Form

Name (student) _____
Last First Middle

Address _____
Street City State Zip

Home Phone _____ Work Phone _____ Other _____

List any known physical conditions, such as allergies, headaches, nervousness, etc.

Should you require medical attention, list any special instructions that may be helpful, such as allergy to penicillin, rare blood type, etc.

Current immunization status: Tetanus _____ Polio _____

Medical Insurance: _____
Company Phone

_____
Group No. Member I. D. Policy No.