MEDICAL INFO FORM 2018

INFO: THIS FORM IS TO BE COMPLETED BY PARTICIPANT'S PARENT/GUARDIAN

FULL NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

SEX: M / F   AGE: _____   BIRTHDATE _____ / _____ / _____

PARENT/GUARDIAN NAME: _____

PHONE #: (___) _____ - _____   EMAIL: _____

MEDICAL RELEASE

HEART TROUBLE	Y / N		SINUS INFECTION	Y / N
LUNG TROUBLE	Y / N		DIABETES	Y / N
SKIN TROUBLE	Y / N		ASTHMA	Y / N
EAR TROUBLE	Y / N			
ALLERGIES	Y / N	(If yes, please list: _____		

DATE OF LAST TETANUS SHOT: _____ / _____ / _____

CURRENT MEDICATION (S): _____

OTHER PERTINENT INFO: _____

MAY BE GIVEN (PLEASE CIRCLE):   TYLENOL / IBUPROFEN / BENADRYL
MAY BE GIVEN OVER THE COUNTER, NON - PRESCRIPTION MEDICATIONS OR
APPLICATIONS AND USED ONLY AS INSTRUCTED: Y / N

PHYSICIANS NAME: _____

PHONE #: (___) _____ - _____

HEALTH INSURANCE CARRIER: _____

POLICY #: _____

IN CASE OF EMERGENCY, CONTACT:_____

NAME: _____

PHONE #: (___) _____ - _____

SIGNIFICANT DISEASES, INJURY, OPERATION, OR IF THERE MAY BE
ANYTHING ELSE THAT NEEDS TO BE KNOWN IN CASE OF EMERGENCY,
PLEASE EXPLAIN BELOW:

_____

_____

FOR THE SAFETY OF YOUR CHILD AND OTHERS ON THIS TRIP, WE
RESERVE THE RIGHT TO SEARCH ANY BAGS AND CONFISCATE ANY
ITEMS THAT MAY BE HARMFUL OR DEEM INAPPROPRIATE FOR THE
PURPOSE OF THIS TRIP.

PARENT/GUARDIAN NAME: (PLEASE PRINT) _____

PARENT/GUARDIAN SIGNATURE: _____

(MEDICAL/MEDIA RELEASE FORM)

INFO: THIS FORM IS TO BE COMPLETED BY PARTICIPANT'S PARENT/GUARDIAN

STUDENT: _____

AGREEMENT: BY SIGNING THIS FORM, AS THE PARENT(S) OR LEGAL GUARDIAN OF (STUDENT'S NAME) _____, I HEARBY GRANT MY PERMISSION FOR MY SON OR DAUGHTER TO ATTEND THE ACTIVITIES SPONSORED BY THE R3 STUDENTS MINISTRIES AS PART OF LIFE CHURCH IN RAINBOW CITY, AL. I UNDERSTAND THESE ACTIVITIES WILL BE CHAPERONED BY AN ADULT SPONSOR OF THE R3 STUDENTS MINISTRIES AND I HEREBY ASSUME ALL RISKS INCIDENT TO MY CHILD'S INVOLVEMENT IN SAID ACTIVITIES AND DO HEARBY RELEASE AND GIVE UP ANY AND ALL CLAIMS FOR DAMAGES CAUSED IN ANY INJURY TO SAID CHILD WHATSOEVER AS A RESULT OF SAID CHILD'S ACTIVITIES IN CHURCH SPONSORED EVENTS. I AGREE TO HOLD LIFE CHURCH, IT'S STAFF, AND VOLUNTEERS, THEIR RESPECTIVE SUCCESSORS AND ASSIGNEES HARMLESS AND TO INDEMNIFY THEM FROM ALL DAMAGES AND EXPENSES INCURRED AS A RESULT OF SAID CHILD'S ACTIVITIES CONNECTED DIRECTLY OR INDIRECTLY WITH CHURCH SPONSORED ACTIVITIES.

I AUTHORIZE THE ADULT SONSOR OF LIFE CHURCH TO SEEK MEDICAL TREATMENT FOR SAID CHILD AND HEREBY AUTHORIZE MEDICAL TREATMENT, INCLUDING BY NOT LIMITED TO EMERGENCY SURGERY OR TREATMENT. I WILL ASSUME THE RESPONSIBILITY OF ALL MEDICAL EXPENSES, IF ANY INCUR.

I ALSO AUTHORIZE LIFE CHURCH AND THE R3 STUDENTS MINISTRIES THE USE OF VIDEO AND PHOTOGRAPHY OF MY CHILD FOR PROMOTIONAL USES.

THIS PERMISSION SHALL REMAIN IN EFFECT UNTIL JANUARY 1, 2019, UNLESS SOONER REVOKED IN WRITING AND DELIVERED TO SAID AGENT(S).

EFFECTIVE THIS _____ DAY OF _____, _____
                    (DATE)   (MONTH)   (YEAR)

PARENT/GUARDIAN NAME: (PLEASE PRINT) _____

PARENT/GUARDIAN SIGNATURE: _____

2ND NAME, IF NEEDED (PLEASE PRINT) _____

2ND SIGNATURE IF NEEDED: _____