

### MEDICAL AND LIABILITY RELEASE FORM

CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDAY \_\_\_\_/\_\_\_\_/\_\_\_\_

PARENT NAME(S) \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

IN EMERGENCY NOTIFY \_\_\_\_\_ PHONE \_\_\_\_\_

DOCTOR \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

Our church's insurance is only secondary insurance. If you have medical insurance, you 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

If "yes", Name: \_\_\_\_\_

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

Address: \_\_\_\_\_

#### HEALTH HISTORY:

Allergies:  Insect stings  Drugs  Other Allergies

Other Conditions:  Heart Condition  Frequent colds  Chronic asthma  Hay Fever  Diabetes  Epilepsy  Frequent stomach upsets  Physical handicap  Other (specify) \_\_\_\_\_

If you check any of the above, please give details (i.e., include normal treatment of allergic reactions):

\_\_\_\_\_

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

Name and dosage of any medications that must be taken: \_\_\_\_\_

Any swimming restrictions:  Yes  No

Any activity restrictions:  Yes  No What restrictions \_\_\_\_\_

I, the (parent/guardian) of \_\_\_\_\_ do hereby authorize the Bethany Baptist Church as agents for the undersigned to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at office of said physician or at said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power on the part of the aforesaid agents to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his best judgment may deem advisable.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California. This authorization shall remain effective until **OCTOBER 3, 2009** unless revoked sooner in writing delivered to said agents.

#### 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 or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants 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 medical and liability release.

PARENT OR GUARDIAN'S SIGNATURE \_\_\_\_\_