

MEDICAL INFORMATION AND RELEASE FORM

Christ Covenant Presbyterian Church

IN CONSIDERATION for receiving permission from Christ Covenant Presbyterian Church of Knoxville, Tennessee (the "Church"), to participate in the activities listed below and all functions related thereto sponsored by the Church, the receipt of such permission being hereby acknowledged, the undersigned being the participant (or if the participant is under 18 years of age the participant's parent or guardian) hereby releases the Church, its agents, officers, servants, and employees from any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or related to any loss, damage, or injury, that may be sustained by the participant, or any property of the participant, while en route to or from or while participating in the activity listed below and all functions related thereto. This release shall be binding upon the heirs, next of kin, executors, administrators, and personal representatives of the participant.

ACTIVITY AND DATE

Christ Covenant Youth Trips and Activities for 2018

In witness whereof, the undersigned has executed this release this _____ day of _____, 20____.

Participant _____ Participant's Parent of Guardian if Participant is under 19 years of age. _____

In the event that my (son/daughter) _____ needs emergency treatment for illness or injury, I (parent) _____ authorize the group leader(s) to permit the proper authorities to administer the necessary treatment.

Signature of son/daughter _____

Signature of Parent or Guardian _____

MEDICAL INFORMATION

Name _____ Date of Birth _____ Age _____

Parents' Names _____

Home Phone _____ Work Phone _____ Other Phone _____

Emergency Contact other than parents _____ Phone _____

Are there any chronic health problems that limit physical activity? Yes _____ No _____

If yes, please explain _____

Currently taking any medication? Yes _____ No _____

If yes, please give drug name, condition being treated, and dosage information _____

What medicines have been taken in the last 24 hours _____

Any drug allergies? Yes _____ No _____

If yes, please explain _____

Any allergies to food, insect stings, etc.? Yes _____ No _____

If yes, please explain _____

Date of last tetanus shot _____

Family Physician _____ Phone _____ Preferred Hospital _____

Medical Insurance (Company Name) _____

Name of Policyholder _____ Policy Number _____

Child's SSN# _____ Mother's Maiden Name _____

***REQUIRED* Please attach a copy (front & back) of your insurance card.**

I hereby grant permission to any licensed physician to render emergency medical or surgical care to my child, in the event that I cannot be reached by phone at the above numbers.

Parent or Guardian Signature _____ Date _____

Notary Signature _____ Commission Expires _____ County, State _____ Date _____

ADULT RELEASE FORM
Christ Covenant Presbyterian Church

I enter this agreement with Christ Covenant Church, in consideration of the Church undertaking the sponsorship and/or supervision of All Youth Activities, as part of the Church's Youth program, in which I am a participant. As an inducement for the Church to undertake the sponsorship and/or supervision of said trip, the parties agree as follows:

1. I release the Church from any claim for injury, damage or loss caused by the act or omission of any third party such as a common carrier, travel agency, hotel or any other firm or individual.
 2. While the church will do it's best to provide a safe environment, I understand that the Church does not guarantee the safety of the Student and that the Church has made no representation or warranties concerning the safety of the trip or the activities in which the Student will participate.
 3. I grant the Church full authority to take whatever actions it may consider to be warranted under the circumstances during the trip regarding my health and safety and fully releasing the Church from any liability. I authorize the Church in its discretion to place me, at my expense and without further consent, in a hospital within or outside the United States or to a local medical doctor for medical services and treatment. Or, if necessary to transport Student back to Knoxville, Tennessee by commercial airline or otherwise at my expense for medical treatment.
 4. I agree that the Church shall have the right to enforce appropriate standards of conduct and that it may, at any time, terminate my participation in the Church program for failure to maintain these standards or for any actions or conduct which the Church reasonably considers to be incompatible with the Church's policies, rules or instructions or which interferes with the best interest, harmony, comfort or welfare of other students & adults. **If participation is terminated, I consent to being sent home at my expense with no refund of fees.** I release the Church from any claim arising from my failure to comply with the Church's policies, rules or instructions.
 5. The Church reserves the right to cancel programs due to an insufficient number of participants or otherwise to make alterations in programs, travel plans, and itineraries at its sole discretion.
 6. Any cancellation of a participant on a planned trip must be at least one week prior to the date of the trip. Failure to withdraw in this manner of time will result in loss of any deposit or said monies.
 7. Except as expressly assumed by Church in writing, I shall be fully responsible and liable for all fees and charges for the trip, as well as for all expenses incurred and for any damages or liability caused by the Student.
 8. I have no health problems or physical or mental conditions which would limit their participation in any activity on the trip, except _____
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9. All references in this Agreement to Church shall include the Church and all of its pastors, officers, employees, staff members, chaperones, supervisors, and group leaders.
10. Students & Adults participating in all church activities are required to follow all safety instructions, including mandatory wearing of seatbelts in any & all vehicles. _____ Initial

Dated this _____ day of _____ 20_____

Name (Print)

Signature

***REQUIRED* Please attach a copy (front & back) of your insurance card.**