

Emergency Medical and Liability Release Form

Christ Community Church
Daytona Beach, Florida

The parent / guardian recognizes and acknowledges that this form will be used in lieu of individual forms for any and all of the events sponsored by Christ Community Church (hereafter referred to as "CCC") within it's children's and youth ministries. It is further recognized and acknowledged that it is the responsibility of said parent/guardian to inform (CCC) immediately of any changes or modifications to the information reflected on this form concerning said parent's or guardian's child.

This form is to be used with, but is not limited to the following youth activities / events: camping, S.W.A.T Team Retreats, Special Event Parties (i.e. Super Bowl; July 4th; New Year's; etc.); Sr. High Retreat; Jr. High Retreat; Concerts; Fund Raisers; Paintball; Wet 'n Wild; Winter Snow Skiing; Lock-In's; Go-Cart Track; Youth Seminars; Laser Tag; College Search Trip; Coke Talks; Missions Projects (foreign and domestic); Week Night Studies; Sunday Night Live; after church activities (on and off church property); Random Acts of Kindness (Ministry/Care trips to various individuals); Medieval Times; any and all other outreach, service or ministry oriented activities.

Name of Student _____

Telephone (____) _____ Date of Birth ____/____/____ SSN: _____

Address: _____ City: _____

State: Florida Zip: _____ Age: _____ Gender: _____ Height: _____ Weight: _____

_____ Hospitalization Insurance Policy Number

_____ Insurance Company

_____ Name Listed on Insurance Policy

_____ Group Number

_____ Family Doctor Name

_____ Family Doctor Phone Number

EMERGENCY CONTACT PERSON:

Parent / Guardian: _____ Home Phone #: (____) _____

Business Phone : (____) _____ Beeper / Cell #: (____) _____

ALTERNATE CONTACT PERSON:

Name: _____ Relationship: _____

Home Phone #:(____) _____ Cell or Wk. #: (____) _____

HEALTH HISTORY:

List any pre-existing or present medical conditions: _____

List any allergies and / or any reactions to medications (penicillin, aspirin, codeine, or any other medications or drugs), this includes itching, rash, swelling of hands, feet or eyes: _____

Does the student have allergies to bee stings, food allergies, or any other allergies of which we should be aware? () Yes or () No If yes, please list: _____

Any major illness during the past year? _____

Date of last Tetanus shot: _____

AUTHORIZATION TO TREAT A MINOR

PARENT / GUARDIAN MEDICAL RELEASE STATEMENT:

I understand that in the event medical intervention is needed, every attempt will be made to immediately contact the person(s) listed on this form. In the event I cannot be reached in an emergency during the activities identified on the front of this form, I hereby give my 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. I authorize an adult, in whose care the minor has been entrusted, to consent to any x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist 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 the office of said physician or at said hospital.

The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Christ Community Church.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT FOR ONE YEAR FROM THE DATE IT WAS SIGNED BELOW:

Parent / Guardian Signature

Date

PARENT / GUARDIAN RELEASE OF LIABILITY STATEMENT:

I understand all reasonable safety precautions will be taken at all times by CCC and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the possibility of risk, inherent or otherwise, including, but not limited to, accident or illness. In consideration of, and as part payment for, the right to participate in the aforementioned activities and events, I have and do hereby assume all risks on behalf of the aforementioned student. I agree not to hold CCC, its leaders, agents, employees, or volunteer staff liable for damages, losses, disease, or injuries incurred by the subject of this form. I will hold CCC harmless from any and all causes of action, debts, claims, demands, damages, judgment executions, cost, loss of services, expenses, compensation, and any and all other claims of damages whatsoever, including, but not limited to, those arising from the accommodations, any acts or omissions of CCC, or any other person in connection with CCC.

THIS AUTHORIZATION SHALL REMAIN IN EFFECT FOR ONE YEAR FROM THE DATE IT WAS SIGNED BELOW:

Parent / Guardian Signature

Date

OPTIONAL PARENT RELEASE: "CONSENT TO USE OVER-COUNTER MEDICINES"

I give the adult staff and adult chaperones of CCC the authority to dispense (across the counter) medicines(s) to my son/daughter for: flu, headaches, sore throat, diarrhea, upset stomach, nausea, and simple abrasion or cuts for any and all of the aforementioned activities. These medicines would include, but are not limited to: Tylenol, Motrin IB, Contact, NyQuil, Imodium A-D, Dramamine, Tums, Hydrogen Peroxide, Neosporin.

Parent / Guardian Signature

Date