

**COMMUNITY CHRISTIAN CHURCH OF FRANKFORT, IN
STUDENT MEDICAL AND LIABILITY RELEASE FORM**

Student's Full Name _____ **Grade** _____
Address _____ City _____ State _____ ZIP Code _____
(Street Address, if different) _____
Home Phone _____ School _____
Gender _____ Age _____ Date of Birth ___/___/___ Today's Date ___/___/___
Home Church _____

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Community Christian Church through its accident policy will be used as backup for what my family's insurance does not cover. I understand that all reasonable safety precautions will be taken at all times by Community Christian Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Community Christian Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Parent/Guardian Signature: _____ Date: ___/___/___
Signature of Student (if over 18): _____ Date: ___/___/___

Emergency Contact Person

Adult(s) that student resides with _____ Relationship _____
Work Phone _____ Cell Phone _____ Parents E-mail _____

Additional Emergency Contact Person (Use someone near the primary contact)

Name _____ Address _____ City _____
Home Phone _____ Work Phone _____ Cell Phone _____

Insurance Information:

Name of Insurance Company _____ In whose name is the insurance? _____
Policy Number _____ Group Number _____

Health History:

_____ Hay Fever _____ Heart Condition _____ Diabetes _____ Insect Stings _____ Physical Handicap
_____ Epilepsy/Nervous Disorders _____ Asthma _____ Frequent Stomach Upsets
If any of the above are checked, please give details (i.e., include normal treatment of allergic reactions): _____

Any other pre-existing or present medical conditions: _____
Name and dosage of any medications that must be taken: _____
Any allergies to medications? _____ to foods? _____ bee stings? _____ other? _____
Behavioral Issues _____ Best Remedied _____
Date of Last Tetanus Shot _____ Contact Lenses? _____ Any swimming/activity restrictions? _____
Family Doctor _____ City/Town _____ Phone Number _____
Current Height _____ Current Weight _____

If your child should require medical attention for injuries received or illnesses contracted prior to activity, please send us the necessary information to give him/her proper medical care during his/her time with the youth ministry activity. If your student needs basic over-the-counter medication, is it o.k. for the Adult Leaders to provide and administer it? _____

Promotional Release Statement:

I, the undersigned, hereby consent to the use of any visual or audio reproduction in which the student or adult may appear by Community Christian Church. I understand that these materials are being used for promotion of the youth and children's ministry of Community Christian Church. I release Community Christian Church from any liability connected with the use of his/her picture or voice recording as part of any promotional, recruitment, or fund-raising program.

Date _____ Parent/Guardian Signature _____
Student's Signature _____