

2021 MEDICAL AND LIABILITY RELEASE FORM
North River Church – Tuscaloosa, Alabama

Name _____ Birthdate _____ Age _____
Address _____
City _____ Zip _____ Phone _____
School _____ Grade _____
Parent's Name _____ Social Security # _____ - _____ - _____
In Emergency, notify _____ Phone _____

HEALTH HISTORY: allergies and other conditions

Insect Allergies Drug Allergies Other Allergies Frequent Colds Heart Asthma
 Physical Handicap Epilepsy Hay Fever Frequent stomach upsets Diabetes

If you checked 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: _____

Swimming Restrictions: No Yes Explain _____

Activity Restrictions: No Yes Explain _____

Our Church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is on a church-related activity.

Do you have health/medical insurance? Yes No

If "yes", Name of Co.: _____ Policy # _____

Address: _____ Phone: _____

I, _____ (Parent or Legal Guardian name PRINTED) give the sponsors of North River Church the authority to provide or sign for medical treatment for *my child*. I hereby authorize the release of this information to any physician, hospital, or clinic as needed for medical care. I do not hold North River Church, Staff, or Responsible Parties liable for injuries, accidents, or illness incurred during any ministry/mission event. This form shall be kept on file and only be valid from January 1, 2021 through December 31, 2021. If any information on this form changes during the time periods, I will complete a new form and turn it into North River Church Office. I understand that I am responsible for the expenses of my/my child's medical care that my insurance is primary. No other insurance is provided.

Signature: _____ Date: _____
(Parent or Guardian must sign here)

State of Alabama county of _____, I, _____, a Notary Public in and for said state and county do hereby that _____ personally appeared before me on this date and testify that the above statement is true and correct to the best of his/her knowledge.

Date this the _____ day of _____, AD. 20 _____.

Notary Public Signature _____ my commission expires _____

Notary Public typed or printed Signature _____

Please send form back to North River Church - 4215 Rice Mine Road NE, Tuscaloosa, Alabama 35406

THIS MEDICAL RELEASE SHALL EXPIRE JANUARY 1, 2022