



## Medical and Liability Release

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### PERSONAL INFORMATION:

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Relationship \_\_\_\_\_

In an EMERGENCY, please notify \_\_\_\_\_

Relationship \_\_\_\_\_

Day Phone (\_\_\_\_) \_\_\_\_\_ Evening Phone (\_\_\_\_) \_\_\_\_\_

Family Doctor/Physician \_\_\_\_\_ CITY \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_

### INSURANCE INFORMATION:

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

Do you have health insurance? \_\_\_\_ Yes \_\_\_\_ No

Insurance Company Name \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_

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### HEALTH HISTORY:

Allergies: \_\_\_\_ Insect Stings \_\_\_\_ Drugs \_\_\_\_ Other allergies

Other

Conditions: \_\_\_\_ Heart Condition \_\_\_\_ Frequent Colds \_\_\_\_ Chronic Asthma

\_\_\_\_ Frequent \_\_\_\_ Hay Fever \_\_\_\_ Epilepsy

\_\_\_\_ upset stomach \_\_\_\_ Diabetes \_\_\_\_ Physical handicap

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

\_\_\_\_\_  
\_\_\_\_\_

List any operations or serious injuries you have had or sustained. (include dates)

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Do you currently have a condition which requires regular medication?

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Name and dosage of any medications that must be taken:

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Any restrictions of activities (i.e. swimming, running) for medical or any other reasons? ☐ Yes ☐ No

What restrictions? \_\_\_\_\_

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

*I hereby certify that all of the above information is complete and accurate.*

\_\_\_\_\_  
Parent(s) / Guardian(s) Signature

\_\_\_\_\_  
Date

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### **MEDICAL AND LIABILITY RELEASE:**

"In the event that I cannot be reached in an emergency during the dates specified on this form, I (we) do hereby authorize the leader(s), who have supervision of my child while attending official Redland Pentecostal Holiness Church, Inc. program activities (camping, field trips, local and national events), to consent to any X-ray, examination, anesthetic, medical or surgical 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 surgeon licensed to practice in the state in which care is needed, when the need for such treatment exists.

I (we) further state that I (we) will indemnify and will not, under any condition, hold Redland Pentecostal Holiness Church, Inc. or its employees or volunteers either responsible or liable in the event my child sustains injury while attending official Redland Pentecostal Holiness Church, Inc. activities.

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 Redland Pentecostal Holiness Church, Inc..

I (we) understand that I (we) are signing for the minor listed on this form and the signature is for both a medical and liability release.

\_\_\_\_\_  
Parent(s) / Guardian(s) Signature

\_\_\_\_\_  
Date

Valid from January 1, 2024 – December 31, 2024



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