

HEALTH and LIABILITY RELEASE FORM

FOREST LAKE CHURCH

Mandatory Health Form

(Please print) Name of student _____ Date of birth _____
Age _____ Address _____ City _____
State _____ Zip _____ Phone # (____) _____ Sex _____
Height _____ Weight _____ Social Security # _____

Emergency Contact Person: Parent/Guardian name

Address (if different from student) _____
City _____ State _____ Zip _____
Phone # (Home (____) _____) (Work) (____) _____

Alternate Contact Person (Use someone near the primary contact)

Name _____ Phone # (Home) (____) _____
(Work) (____) _____ Address _____
City _____ State _____ Zip _____

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity. Do you have health insurance? Yes ___ No ___

Name of insurance company: _____

Policy # _____ Group # _____ In

whose name is the insurance? _____

Family doctor _____ City _____
Phone # _____

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 or her proper medical care during his or her time with the youth ministry activity.

Health History

List any pre-existing or present medical conditions: _____

List name and dosage of any medications that must be taken: _____

Any allergies?____To medications?____hay fever____ heart condition____ diabetes____
insect stings____ epilepsy/nervous____ asthma disorders____ frequent upset stomach____
physical handicap____ Any major illnesses during the past year?_____

If any of the above are checked, please give details (for example, include normal treatment of allergic reactions)

Date of last tetanus shot_____ Contact lenses? ____ Any swimming restrictions? yes____

no____ What?_____ Any activity restrictions? yes____no____

What?_____

Parental Medical and Liability Release Statement

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 during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment, or order an injection, anesthesia, or surgery for my child as deemed necessary. I understand all reasonable safety precautions will be taken at all times by the (name of the church or organization) 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 [name of church or organization], its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. Finally if there are any changes to this form through your child's senior year is is your responsibility to contact the youth ministry department of the Forest Lake Church to make required changes.

Parent/Guardian Signature_____ Date _____

Signature of Student (if over 18 years of age)_____

Liability expires in July of _____(senior year of high school)

Photograph, video, and audio material permission form

I, the undersigned, hereby consent to the use of any videotapes, photographs, slides, audiotapes/CDs or any other visual or audio reproduction in which I may appear by Forest Lake Church. I understand that these materials are being used for promotion of the youth ministry of Forest Lake Church, which includes recruitment and fund raising efforts.

I release Forest Lake Church from any liability connected with the use of my picture or voice recording as part of any promotional, recruitment or fund raising program.

Student Signature_____ Date_____

Parent/Guardian Signature _____ Date_____

Notarization Required_____

DATE_____