

Athens Christian Church

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Visit us at www.athenschristian.net!

Discipline, Liability, & Medical Release Form

(Please Print Clearly)

Name: _____ **Gender:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone #: _____ **Grade :** _____ **Date of Birth:** ___/___/___

List known allergies: _____

(include foods/medicines) _____

List current medications: _____

(include dosage) _____

I certify that my child has my full approval to participate with *Athens Christian Church* (Athens, IL) on church sponsored events. The individual identified on this form understands that all students are expected to abide by the rules of the event and be directly responsible to the youth leader and sponsors. The leader and sponsors assume responsibility for discipline during the event and if necessary, may, due to misconduct or disobedience, require a student to leave. In such an instance, I assume full responsibility for returning the student home.

I release and agree to hold *Athens Christian Church* and its staff members and volunteer leaders blameless from any and every claim arising as a result of my child's actions in the scheduled and planned order of events.

IN AN EMERGENCY, I authorize an adult leader of this activity, in the event I cannot be reached by phone, to consent to transportation by ambulance (if needed), any x-ray examination; medical, dental, or surgical diagnosis; treatment; and hospital care advised and supervised by a physician licensed to practice under laws of the state or country where the services are rendered, either at a doctor's office or in any hospital. I expect to be contacted promptly and before hospitalization or surgery is administered (unless the incident is life threatening).

It is understood that I will assume any financial responsibility for any expense that may be incurred for said emergency treatment. I do certify that my child is covered by adequate insurance. My consent and signature is given below. I have read and agree to the information given in this entire form.

Signature of Parent or Legal Guardian: _____ **Date:** ___/___/___

Physician's Name: _____ **Phone #:** _____

Physician's Address: _____

Health Insurance Company: _____ **Policy #:** _____

PLEASE ATTACH PHOTOCOPY OF INSURANCE CARD

Emergency Contact Information:

Print name of parent/legal guardian: _____

Phone #'s: H – _____ W – _____ C – _____

Other emergency contact(s):

1. _____ Phone #'s: _____

2. _____ Phone #'s: _____