

**The Orchard Bible Fellowship Youth Ministries**  
**Medical and Liability Release Form**

Name of Student: \_\_\_\_\_ Birthday: \_\_\_/\_\_\_/\_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP: \_\_\_\_\_ Phone: \_\_\_\_\_

**In Case of Emergency Notify:**

Name/Relationship: \_\_\_\_\_ Phone \_\_\_\_\_  
Name/Relationship: \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor: \_\_\_\_\_ City: \_\_\_\_\_  
Doctor's Phone: \_\_\_\_\_

**Heath History:**

Allergies:                   \_\_\_ Insect Stings                   \_\_\_ Drugs                   \_\_\_ Other Allergies  
Other Conditions:       \_\_\_ Heart Condition           \_\_\_ Frequent Cold       \_\_\_ Chronic Asthma  
                                 \_\_\_ Physical Handicap       \_\_\_ Diabetes               \_\_\_ Other Conditions

If you checked any of the above, please explain below (include normal treatment):

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

Name and dosage of any medications taken regularly (**Note:** We DO NOT administer medication):

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

Any swimming restrictions:     \_\_\_ Yes \_\_\_ No  
Any activity restrictions:       \_\_\_ Yes \_\_\_ No  
If yes, please list restrictions:

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

**Insurance Information:**

Our church's insurance is only secondary insurance pertaining to areas of liability and or accidental negligence. In cases of injury and or illness requiring medical attention the participant acknowledges that their personal insurance carriers will be billed for any and all medical expenses resulting from their participation in church related activities. Participants not maintaining medical insurance will be held individually responsible for any medical expenses incurred upon their behalf.

The participant further authorizes the Church to seek medical treatment on their behalf during emergency circumstances wherein they may be incapacitated or unable to render permission for medical treatment. \_\_\_\_\_ (Please Initial)

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

Name of Health Insurance Company: \_\_\_\_\_  
Policy Number: \_\_\_\_\_ Address: \_\_\_\_\_

In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.

**Liability Release**

Every activity planned by the Orchard Bible Fellowship Youth Ministry is carefully planned and adequately supervised by adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents and guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. I hereby request supervisors in the Youth Ministry to carry out any discipline deemed necessary for my child. I also agree, if necessary, that I will pay the expense of my child being sent home because of disciplinary action.

Signature of Parent or Guardian: \_\_\_\_\_  
Date: \_\_\_\_\_