

**Shiloh Community Church
Medical Information & Release Form**

Student Name: _____ Date of Birth: _____

Home Address: _____

City, State, Zip: _____

Home Phone: _____ Parent Cell Phone: _____

Parent/Guardian Name(s): _____ / _____

Parent Email: _____ / _____

Child Physician Name: _____ Physician Phone: _____

Allergies (Please List on Back): YES NO Date of Child's Last Tetanus Shot: _____

Insurance Company: _____ Policy Number: _____

Emergency Contact: _____ Emergency Contact Phone: _____

Parent ID / Password: _____ (Used to Identify Parent for Phone Call)

- In consideration for being accepted by Shiloh Community Church for participation in any scheduled and/or approved activity, I, being 18 years of age or older, do for myself, or for any on behalf of my child participant if said child is not 18 years of age or older, do hereby release, forever discharge and agree to hold harmless Shiloh Community Church and the directors thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child participant that occur while said child is participating in any scheduled and/or approved trip or activity.
- Furthermore, I, and/or on behalf of my child participant if under the age of 18 years, hereby assume all risk of personal injury, sickness, death, damage and expense as a result of participation in recreation and work activities involved therein.
- Further, authorization and permission is hereby given to Shiloh Community Church to furnish any necessary basic first aid, transportation, food and lodging for this participant.
- The undersigned further hereby agree to hold harmless and indemnify Shiloh Community Church, its directors, employees and agents, for any liability sustained by said church as a result of the negligent, willful or intentional acts of said participant, including expenses incurred attendant thereto.
- I give Shiloh Community Church and its legal representatives the irrevocable right to use my, or my child participant if under the age of 18 years, name (or functional name), picture, portrait, or photograph in all forms and media in all manners, including composite or distorted representations, for advertising, trade, or any other lawful purposes, and I waive any right to inspect or approve the finished version(s), including written copy that may be created in connection therewith.
- I am the parent or legal guardian of this participant, and hereby grant my permission for him/her to participate fully in Shiloh Community Church's scheduled and approved trip or activity. I agree to the above stated disclosures. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

By checking this box, we (I) authorize this release to be in effect for the _____ calendar year for any scheduled and/or approved activity of Shiloh Community Church. We (I) assume all responsibility to update any medicines, allergies, and/or medical conditions that may arise during the year. We (I) also assume responsibility to update any personal or contact information that may change during the year.

I _____ am the natural Parent or Legal Guardian, and having legal custody of the above listed student, give my permission for a licensed physician or emergency treatment center to administer the necessary attention and aid immediately to my child should he/she become sick while at a scheduled and/or approved Shiloh Community Church activity, and do so without having to wait until I am contacted. I consent to x-rays, examination, anesthetic, medical or surgical diagnosis, treatment and hospital care and assume the responsibility of all medical bills, if any. I understand the activity director will endeavor to reach us should the nature of the injury or illness warrant it. However, I will not hold any activity personnel responsible if efforts to contact me are unsuccessful.

Parent/Guardian Signature: _____ Date: _____

Allergy / Medical Alert Information

If your child is allergic to any ingredient in the snacks, we will not serve it to your child. Please provide an alternate snack, if desired.

Child's Name: _____

Allergy / Medical Alert: _____

Special Instruction for Staff: _____

Allergy / Medical Alert: _____

Special Instruction for Staff: _____

Allergy / Medical Alert: _____

Special Instruction for Staff: _____
