Fellowship Bible Church Release Form & Medical Information

(All information provided will be kept strictly confidential)

Name of participant		Date of Birth:
Address:		
City:	State:	Zip Code:
Phone number:		
Emergency Contact Person (Parent/Guardian Nai	me if under 18):
Address (if different from above		
City:	State:	Zip Code:
Phone number:	Work number:	
Alternate Contact Person:		
Name:	Relation to Student:	
Address:		
City:	State:	Zip Code:
Phone number:	Work number:	
Do you have health insurance? Name of insurance company:_ Policy number:	Yes No	umber:
In whose name is the insurance	?	
Family Doctor:		City:
Phone number:		
Pre-existing or present medical	conditions:	
Name and dosage of any medic	cations that must be	taken:
Known allergies to medication	9	
•	<u>.</u>	
Other allergies?Normal treatment to these aller	gic reactions (if any):
Date of last tetanus shot?	Con	tact lenses?
Any activity restrictions?		

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 show on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as the primary coverage in the event medical intervention is needed. Coverage by Fellowship Bible Church through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand that all reasonable safety precautions will be taken at all times by Fellowship Bible Church 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 Fellowship Bible Church, its leaders, elders, pastors, employees, and volunteer staff liable for damage, losses, diseases, or injuries incurred by the subject of this form based on negligence or other ground of liability. The undersigned fully understands this form and has the capacity to sign on behalf of the student named above.

Participant signature:	Date:
If under 18	
Parent/Guardian Signature:	Date: