



MEDICAL and LIABILITIES RELEASE FORM (Children's Ministry)
(January 2011-January 2012)

Name: (Print last name) (Print first name) Age: DOB: mo/day/yr

Address: (Street) (City) (Zip)

Home Phone: Parent's Cell Phone:

In emergency, notify Relationship:

Day Phone: Night Phone:

Family Dr.: City: Phone :

Health Insurance Provider: Policy #:

Address: Phone:

Name of Main Insured: Subscriber #:

Health History:

- o Drug Allergies o Insect Sting Allergies o Chronic Asthma o Epilepsy/Nervous Disorders
o Hay Fever o Food Allergies o Frequent Colds o Frequent Stomach Upsets
o Diabetes o Heart Condition o Physical Handicap o Other:

Please specify and list normal treatment:

Date of last tetanus shot Any activity restrictions? Yes No List restrictions

Name and dosage of any medication which your child takes on a regular basis:

Medical Release:

In the event that I cannot be reached in an emergency while my child is with Children's Ministry from Bridges Community Church, I hereby give my permission to the physician or dentist selected by the Children's Ministry supervisors to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that all billings for services rendered will be sent to me as the parent/legal guardian and that I am responsible for the complete payment.

Liability Release:

"In the unlikely event that my child is injured while participating in activities on or off the campus of Bridges Community Church or in route to such activities, my child and I relinquish all rights to recover damages for any and all injuries sustained by my child during or in route to activities. In consideration for the church granting my child permission to recreate on or off the church campus, I hereby release Bridges Community Church from liability for injuries caused by negligence on the part of Bridges Community Church and its employees and volunteers."

I acknowledge that if my child has to return home early for discipline violations it will be at the parent/guardian's expense. I also understand that photos and videos may be taken of my child while at Children's Ministry events, which may be used by Bridges Community Church for future promotional purposes.

The signature is for both Medical and Liability release.

(Parent/Guardian signature)

(Date)

(Print name)

(Relationship to child)