

**ST. MARK UNITED METHODIST CHURCH – Medical Liability Release Form**

STUDENT'S NAME \_\_\_\_\_ AGE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

In case above number does not answer, please notify:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

**HEALTH HISTORY**

ALLERGIES: \_\_\_\_\_ Insect Stings (Type \_\_\_\_\_)

\_\_\_\_\_ Medications (Type \_\_\_\_\_)

\_\_\_\_\_ Others \_\_\_\_\_

**OTHER CONDITIONS:**

\_\_\_\_\_ Heart Conditions

\_\_\_\_\_ Frequent Colds

\_\_\_\_\_ Chronic Asthma

\_\_\_\_\_ Diabetes

\_\_\_\_\_ Hay Fever

\_\_\_\_\_ Frequent Stomach Upsets

\_\_\_\_\_ Epilepsy

\_\_\_\_\_ Physical Handicap

\_\_\_\_\_ Other: \_\_\_\_\_

If you checked any of the above, please give details: (i.e. include normal treatment of allergic reactions) \_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_

Any activity restrictions: \_\_\_\_\_ No \_\_\_\_\_ Yes, \_\_\_\_\_

**HEALTH INSURANCE:**

Company Name and Address: \_\_\_\_\_

Policy Number: \_\_\_\_\_

**MEDICAL RELEASE**

“In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give 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 sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in church related activities. They also agree not to hold this church or its employees or volunteer staff liable for damages, losses or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medial and liability release.

\_\_\_\_\_  
Print Parent or Guardian's Name

\_\_\_\_\_  
Date (Valid for one year from date signed)

\_\_\_\_\_  
Parent or Guardian's Signature