

WestHills Church
2011 Medical Release Form

Child's First Name: _____ Last Name: _____
Gender: _____ Age: _____ Birthday: _____ SS# (optional): _____
School Name: _____ Current Grade: _____

Parent/Guardian First Name: _____ Last Name: _____
Relationship to Student: _____
Address: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____

Emergency Contact First Name: _____ Last Name: _____
Relationship to Student: _____
Address: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____ Email: _____

Insurance Information:

*Please attach a copy of your insurance card to this form.

Insurance Co.: _____ Group #: _____ Policy #: _____
Cardholder: _____ Relationship to Cardholder: _____
Insurance Co. Address: _____
Insurance Co. Phone: _____

Personal Medical Information:

Physician's Name: _____ Phone: () _____

What are allergies and medications prescribed for each?

Allergy 1: _____ Medication: _____

Allergy 2: _____ Medication: _____

Other medical conditions and/or prescribed medications used regularly?

Condition 1: _____ Medication: _____

Condition 2: _____ Medication: _____

List any operations / serious injuries and dates in the last 5 years:

Procedure / Injury #1: _____ Date: _____

Procedure / Injury #2: _____ Date: _____

The Health History is correct so far as I know, and the person herein described has permission to engage in all prescribed activities except as noted.

Emergency Authorization – I hereby give permission to medical personnel selected by the participant's Church sponsor/his designee or camp staff to order X-rays, routine tests, and treatment for myself. In the event of an emergency and neither my primary contact nor secondary can be reached, I hereby give permission to the physician selected by the Authorized Agent to hospitalize, secure proper treatment, order injections and/or anesthesia and/or surgery to myself as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release the church, its employees or agents from liability associated with participation in a church activity.

I understand that if I do not have medical insurance, I, as the parent or guardian, will be responsible for any medical expenses in the event of a sickness and/or injury.

I understand that there are risks involved in taking place in recreation activities and other activities related to participation in youth functions.

Signature of Parent/Guardian _____ Date _____

The following should be completed by the notary witnessing parent/guardian's signature.

The State of _____ the County of _____ Before me, a Notary Public, on this day personally appeared _____ known to me (or proved to me on the oath of _____) to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that the executed the same for the purpose and consideration therein expressed.

Given under my hand and the seal of this office this _____ day of _____, A.D. _____.

Notary Public Signature

My commission expires the _____ day of _____, A.D. _____.