Evangelical Free Church of Laguna Hills
Student Medical and Liability Release Form

This authorization shall remain on file and effective unless sooner revoked in writing delivered to said agents.
Form must be completed in full for participation in activities. The requested information will assist in providing appropriate care for your student.
Complete a new form only when information has changed. Please print all information.

Child #1

_____ Date of Birth: _____ Age: _____ Grade: ___ Sex: M F (circle)

(Print Last Name) (First)

Child #2

_____ Date of Birth: _____ Age: _____ Grade: ___ Sex: M F (circle)

(Print Last Name) (First)

Child #3

_____ Date of Birth: _____ Age: _____ Grade: ___ Sex: M F (circle)

(Print Last Name) (First)

Address _____ City_____ Zip _____

Home Phone: _____ Emergency Contact: _____ Phone: _____

Mother's Name: _____ Work Phone: _____ Cell: _____

Father's Name: _____ Work Phone: _____ Cell: _____

Family Doctor: _____ City: _____ Phone: _____

PHYSICAL CONDITION OF PARTICIPANT: Circle child #. If other than "good," give details on attached paper.

{1} {2} {3} Bleeding Disorders {1} {2} {3} Stomach Upsets {1} {2} {3} Heart Condition {1} {2} {3} Epilepsy/other nervous system disorder

{1} {2} {3} Rheumatic Fever {1} {2} {3} Asthma {1} {2} {3} Frequent Colds {1} {2} {3} Diabetes {1} {2} {3} Eye, ear, nose, throat

Medical History: _____

Allergies: {1}{ } None known { } Medications _____ { } Food _____{ } Other _____

{2}{ } None known { } Medications _____ { } Food _____{ } Other _____

{3}{ } None known { } Medications _____ { } Food _____{ } Other _____

Immunizations Current? {1} Yes No (circle one) Date of last Tetanus shot: {1} _____ (should be less than 10 years)

{2} Yes No (circle one) Date of last Tetanus shot: {2} _____ (should be less than 10 years)

{3} Yes No (circle one) Date of last Tetanus shot: {3} _____ (should be less than 10 years)

Any activity restrictions? {1} Yes No (circle one) If yes, please explain: _____

{2} Yes No If yes, please explain: _____{3} Yes No If yes, please explain: _____

Current medications: (List name, dose, frequency, duration, date prescribed, instructions). All medications to be given during an activity or trip must be in plastic, labeled prescription containers and given to the Leader. No exceptions please.

{1} _____

{2} _____

{3} _____

Insurance Information: (Please attach a copy of insurance card if possible)

Insurance Co. _____ Phone:_____

Subscriber's Name: _____ Date of Birth: _____

Policy # _____ Group # _____ ID # _____

In case of Emergency: I hereby give permission to the activity/trip leaders to select transportation to their chosen physician who may hospitalize, secure proper treatment for, and order injections, anesthesia or surgery for my child as named above. I give permission to use my BankCard in the event i have no Insurance Carrier listed.

Signature _____ **Date**_____

LIABILITY RELEASE:

Every activity/trip 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 or guardian agrees to assume and accept all risks and hazards inherent in church related social or sports/outdoor activities. They also agree not to hold this church or its employees or volunteer assistance liable for damages, losses or injuries to the person or property undersigned. The parent(s) or guardian(s) understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Parent or legal guardian's signature(s): _____ **Date** _____