

# Bethany Christian Church Children's / Student Ministries Medical and Liability Release Form

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## Personal Information

Child/Student Name: \_\_\_\_\_ School Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

Student's Cell Phone & Email (if applicable): \_\_\_\_\_

Parent(s)/Guardian(s) Child Lives with: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent's/Guardian's Phone Numbers: Home \_\_\_\_\_ Cell \_\_\_\_\_ Work : \_\_\_\_\_

Parent's /Guardian's Email Address: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #2: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ City \_\_\_\_\_ Phone: \_\_\_\_\_

## Health History *(please check all that apply)*

Known allergies: \_\_\_\_\_ Insect stings \_\_\_\_\_ Medications \_\_\_\_\_

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

Other health conditions: \_\_\_\_\_ Heart Condition \_\_\_\_\_ Frequent colds \_\_\_\_\_ Frequent upset stomach

\_\_\_\_\_ Physical disability \_\_\_\_\_ Chronic asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Other: \_\_\_\_\_

If any of the above are checked, please provide details, including normal treatment of condition: \_\_\_\_\_

\_\_\_\_\_

Names & dosages of any medication(s) that must be taken: \_\_\_\_\_

\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Can this student swim? \_\_\_\_\_ Yes \_\_\_\_\_ No

Please list any swimming restrictions: \_\_\_\_\_

Please list any other activity restrictions: \_\_\_\_\_

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CHILD'S NAME: \_\_\_\_\_

### Insurance Information

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is involved in a church-related activity.

Do you have health insurance? \_\_\_ Yes \_\_\_ No    Primary Enrollee's Name: \_\_\_\_\_

Insurance Provider: \_\_\_\_\_    Provider Phone # \_\_\_\_\_

Policy Number: \_\_\_\_\_    Address for claims: \_\_\_\_\_

### Statement of Release

Every children's & student ministry activity sponsored by Bethany is carefully planned and supervised by adults. However, even with the best planning and precaution, unforeseen events can occur. By signing this form, I acknowledge and accept the risks of injury associated with participation and transportation to and from any and all activities and programs of Bethany Christian Church. I accept personal financial responsibility for any injury or other loss sustained during the activities or programs of Bethany Christian Church or during transportation to and from such activities and programs, as well as for medical treatment rendered to my child that is authorized by Bethany Christian Church, its leaders, employees, volunteers, or agents. I specifically consent to allowing my child to be transported to receive emergency care and to be responsible for all financial charges for such emergency care.

I release and promise to indemnify, defend and hold harmless Bethany Christian Church, its leaders, employees, volunteers, and agents from any and all injury or loss resulting directly or indirectly from the activities and programs of Bethany Christian Church or transportation to and from such activities and programs.

Parent or guardian's signature \_\_\_\_\_    Date \_\_\_\_\_

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