

MEDICAL AND LIABILITY RELEASE FORM
Snellville Church of Christ

Student's Name: _____
Age _____ Grade _____ Date _____
Male _____ Female _____ Email _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ Teens Cell _____
Mom's Cell _____ Dad's Cell _____
Medical Insurance company _____ Policy # _____
Physician _____ Phone _____
Dentist _____ Phone _____
Emergency Contact _____ Phone _____

Medical History:
Describe the nature and severity of any physical/psychological or emotional ailment. Any illness, handicap disability, allergies, asthma, epilepsy, seizures, heart trouble, diabetes, major illnesses or surgeries, or medical conditions that the staff should be aware of and why actions that should be taken to resolve any problems. _____

List medication this student is currently taking:
1. _____ How often? _____
2. _____ How often? _____
3. _____ How often? _____

Should this student's activities be restricted? _____

Student Responsibility: Obey the rules of each event, respect property and others. No possession or use of alcohol, drugs, tobacco. No fighting, weapons, fireworks, lighters, or explosives. No immodest clothing (Check with youth minister). No boys in girls sleeping quarters or vice versa. Participation in all events. Respect leaders and schedule. Leave every event cleaner than when we arrive.

Activities:

Activities may include, but are not limited to: cookouts, boating, water skiing, snow skiing, swimming, basketball, baseball, football, dodgeball, capture the flag, volleyball, softball, camping, hiking, climbing, lock-ins, mission trips, service projects, small group trips, hayrides, paintball, inflatables, high and low element activities and more.

Permission and Consent:

I _____ give my permission for _____ to participate in all activities.

Parent or Guardian signature: _____ Date _____

Student signature: _____ Date _____

Disclaimer:

As staff and volunteers for youth events, we will carefully plan and supervise the above activities to the best of our ability. However, unforeseen event can occur and each parent or guardian will be responsible for any injuries, illnesses, damages, or losses that may occur. By signing this form, you are giving staff or adult volunteers the right to seek medical treatment, if necessary, for any illness or injury up to and including physicians and hospital visits.

Signature of Parent: _____

Print Name: _____

Signature of Student: _____

Print Name: _____

Notary Public

My commission expires: _____

Date

(SEAL)