



Hillside  
BIBLE CHURCH

**MEDICAL AND LIABILITY RELEASE FORM**

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ PHONE:(\_\_\_\_) \_\_\_\_\_

IN EMERGENCY, NOTIFY: \_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ DOCTOR: \_\_\_\_\_

CITY: \_\_\_\_\_ PHONE:(\_\_\_\_) \_\_\_\_\_

**HEALTH HISTORY:**

Allergies: \_\_\_\_\_ Insect stings \_\_\_\_\_ Drugs \_\_\_\_\_ Other Allergies

Other conditions:

\_\_\_\_\_ Heart Condition \_\_\_\_\_ Frequent Colds \_\_\_\_\_ Chronic asthma \_\_\_\_\_ Diabetes

\_\_\_\_\_ Hay Fever \_\_\_\_\_ Epilepsy \_\_\_\_\_ Physical handicap

\_\_\_\_\_ Frequent stomach upsets \_\_\_\_\_ Other \_\_\_\_\_

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

Date of last tetanus shot: \_\_\_\_\_

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

Any activity restrictions? \_\_\_\_ Yes \_\_\_\_ No

What restrictions: \_\_\_\_\_

Our church 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 on a church-related activity.

Do you have health insurance? \_\_\_\_ Yes \_\_\_\_ No

If "Yes", Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

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

In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or 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 or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants 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 a medical and liability release.

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

Valid from (give dates): \_\_\_\_\_