

CCYM MEDICAL AND LIABILITY RELEASE FORM

ACTIVITY: SEEK THE CITY 2017

Date of Activity: June 18-23, 2017

Personal Information

Name _____ Age _____ Year in School 16-17 _____

Address _____

City, State _____ Zip _____ Home Phone _____

Email (neatly) _____ Cell Phone _____

Birth Date _____ School attending next year _____

Medical Information

In Emergency, Notify _____ Phone _____

Doctor _____ Phone _____

HEALTH HISTORY: Allergies and other conditions. If you have a food allergy, please note the specific foods

___ insect allergies ___ drug allergies ___ food allergies to _____

___ frequent colds ___ heart ___ asthma _____

___ physical handicap ___ epilepsy ___ hay fever _____

___ frequent stomach upset ___ diabetes ___ other (if other please explain on back)

If you checked any of the above or "other" please give details (i.e. include normal treatment of allergic reactions):

Date of last tetanus shot _____ Last physical/medical checkup _____

Name and dosage of any medications that must be taken:

Swimming restrictions: ___ No ___ Yes Explain _____

Activity restrictions: ___ No ___ Yes Explain _____

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 on a church related activity.

Insurance Company Name _____ Policy # _____

Insurance Company Phone # _____ Primary Card Holder _____

Insurance Company Address _____

This insurance will remain in effect through June 23, 2017. Yes No

"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 order 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 PARENTS OR GUARDIAN AGREE TO ASSUME AND ACCEPT ALL RISKS AND HAZARDS INHERENT IN CHURCH RELATED 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 BOTH A MEDICAL AND LIABILITY RELEASE.

I grant permission to CCC for my child(ren) to be photographed and/or videotaped by CCC or its designee for internal purposes or other communications of the church.

Parent or Guardian's signature _____ Date _____