

Medical & Liability Release Form

Berean Baptist Church

1574 Coit NE Grand Rapids MI 49505

Effective August 1, 2008 through August 31, 2009

Name: _____ DOB: ____ / ____ / ____

Address: _____

City: _____ ZIP: _____ Phone: () _____ - _____

In case of an emergency notify: _____

Phone: () _____ - _____

Doctor: _____ Phone: () _____ - _____

Health History:

Allergies: Insect stings Other _____

Drugs Heart Condition Frequent stomach upsets

Frequent colds Hay Fever Diabetes Epilepsy

Chronic Asthma Other conditions: _____

If checked any of the above, give details (including normal treatment for allergic reactions): _____

Last tetanus: ____ / ____ / ____ Name & dosage of all medication

At times, ministry staff and volunteers visit student's schools. Do you grant permission for your student to be included in these visits? Yes No

Swimming Restriction? Y N Any activity restrictions? Y N

Explain: _____

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

Do you have health insurance? Y N If yes, Insured's Name: _____

Policy Number: _____ Phone: () _____ - _____

Insurance Company Name: _____

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 order an injection, anesthesia or surgery for my child as deemed necessary.

Liability Release: Every activity sponsored by this church is carefully planned & adequately supervised by mature adults. However, even with the best of planning & precaution, unforeseen events can occur. By signing this form, I (parent or guardian) agree to assume & accept all risks & hazards inherent in church-related social activities. I/We 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. I (parent or guardian) understand that I am signing for the child listed on this form and the signature is both for a medical and liability release.

Parent or Guardian's Signature: _____
