

Easton Bible Church 2009-2010
STUDENT MEDICAL, PERMISSION, and LIABILITY
RELEASE FORM

Events for 2009-2010

Child's name:	
Address:	
City, State, Zip:	
Date of Birth:	Current School Grade:
Mother's Name:	
Father's Name:	
Mother's Phone: (H) _____	(W) _____ (Cell) _____
Father's Phone: (H) _____	(W) _____ (Cell) _____
Emails: Father _____	Mother _____
Family Doctor:	
Name: _____	
Phone: _____	
Insurance Company Name: _____	
Phone: _____	
Policy #: _____	
Group #: _____	

Please check all events you are permitting your child to participate in:

- Winter Retreat Work Day Seder Dinner
 United 30 Hour Famine Equip
 Wilderness VBS The Passion of Christ
 Service projects Turkey Bowl Stations of the Cross
 Camden outreach Pool and BBQ
 Small group outings Missions trips

PARENT/GUARDIAN OF A MINOR: MEDICAL TREATMENT CONSENT

I, the undersigned being the parent or legal guardian of the child named herein ("the child"), do consent to any x-ray, anesthetic, medical, surgical, or dental diagnosis or treatment which may be deemed necessary for my minor child. Further, I understand that all efforts will be made to contact me prior to treatment. In the event I cannot be reached in an emergency, I give permission to the activity leadership to make decisions necessary for the child's treatment. Should there be no activity leader available, I give permission to the attending physician to treat my minor child. I further understand that the doctors, dentists, and other providers attending to my child will take all reasonable safety precautions during their care.

Further, as parent or legal guardian I am responsible for the health care decisions for my minor child and agree that my insurance plan is the primary plan to pay for the dental, medical, or hospital care or treatment that is given to my child. The policy of the church or organization sponsoring this event will be used as the secondary coverage. I additionally agree to notify Easton Bible Church in the event of any health changes which would restrict my child's participation in any youth activities for which this form stands.

PARENT/GUARDIAN OF A MINOR: PERMISSION & LIABILITY RELEASE

I, the undersigned being the parent or legal guardian of the child named herein ("the child"), do hereby consent to the participation of my child in all Easton Bible Church Youth Group activities and trips for the 2008-09 ministry year (September 10, 2008 through August 31, 2009). This will include all activities both on and off-site, including trips and retreats. I certify that my child is physically fit to participate in such activities except as noted on this form otherwise. I also understand that the adult supervisors reserve the right to restrict my child from any activity that they do not feel is within the physical capabilities of my child. I further agree to notify Easton Bible Church Youth Office of any changes to the information provided on this form.

I understand that all reasonable safety precautions will be taken by the leaders of this activity, and that the possibility of an unforeseen hazard does exist. I hereby acknowledge my awareness that participation may expose my child to risk of property damage and bodily or personal injury, including injury that may prove fatal. I understand that the risks my child may be exposed to include (but are not limited to) the following: motor vehicle accidents, injury from falls, drowning, exposure to inclement weather, exposure to cold water, injury from animal or insect bites, cuts and abrasions from normally occurring elements, and other risks that may not be foreseeable. I agree that I will discuss with my child the importance of following all directions of the activity leaders. For the sole consideration of Easton Bible Church's arranging for my child to participate in all activity occurring September 10, 2008 through August 31, 2009, **I hereby release and forever discharge** Easton Bible Church, its officers, agents, volunteer helpers, and employees from any and all claims, demands, rights, and causes of action of whatever kind that I may have, either in my own behalf or in my capacity as legal representative of my child, arising from or in any way connected with my child's participation in these activities.

DATE

PRINTED NAME of parent/guardian for above medical/permission/liability releases

SIGNATURE of parent/guardian signature for above medical/permission/liability releases

1. Is your child presently being treated for an injury or sickness, taking any medication or carrying any emergency medication? **YES NO**

Medication	Dose	Taken for?

2. Is your child allergic to any type of medication? **YES NO**

3. Does your child have (or has he/she ever had) any of the following? (circle, then explain in space after #8)

- | | |
|------------------|--------------------|
| Seizure disorder | Head injury |
| Asthma | Seasonal Allergies |
| Kidney disease | Diabetes |
| Heart murmur | Heart condition |

4. Does your child have any allergies other than medicines? **YES NO**

5. Does your child have any physical handicap or illness preventing his/her participation in normal rigorous activity? **YES NO**

Please explain any "YES" answers from questions 1 through 8:
