



Abundant Life Church Medical, Liability, and Info Release Form

For all official Abundant Life Church activities for Middle or High School student (on or off campus) occurring between January 1, 2014 and December 31, 2014.

Do not turn in unless completely filled out!

_____ (____) _____
STUDENT NAME STUDENT (PRINT) PHONE

PHYSICAL ADDRESS

CITY/STATE/ZIP

DATE OF BIRTH AGE GRADE
____/____/____ _____ _____

HEALTH HISTORY AND INFORMATION:

Allergies: Insect Stings Drugs Hay Fever Other allergies:

Other Conditions: Heart Condition Chronic asthma Epilepsy Diabetes Other:

If you checked any of the above, please give details on the back of this sheet (i.e. include normal treatment of allergic reactions)

Date of last tetanus shot: _____ (REQUIRED!)

Name and dosage of any medications that must be taken: _____

Any swimming or activity restrictions: No Yes (If "yes", explain) _____

Any dietary restrictions/allergies? No Yes (If "yes", explain) _____



HEALTH INSURANCE

Do you have health insurance? Yes No (If "No" skip this section)

NAME OF DOCTOR

CITY/STATE/ZIP

OFFICE (NAME OF PRACTICE)

PHONE

(____) _____

Insurance Company Name:

Policy Number:

Name of Insured (usually head of household):

Insurance Company Phone #:

Employment Phone #

(____) _____

(____) _____

Place of Employment:

MEDICAL RELEASE

"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."

PHOTO AND INFORMATION RELEASE

"I hereby give permission for the use of pictures or video/audio recording of my child for the purposes of promoting and reporting Abundant Life Church events. I also give permission for use of pictures to be displayed on the Abundant Life Church website, Facebook, etc. I understand my child's full name will **never** be posted online."



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 precautions, unforeseen events can occur. Knowing this... "I agree to assume and accept all risks and hazards inherent in church-related social activities including off-site events. I 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 understand that I am signing for the minor listed on this form and the signature is for medical, liability and photo/information release."

Signature(s) of parent(s)/ legal guardian(s)

____/____/____

Print Name(s) of parent(s)/ legal guardian(s)

Date

Relationship(s) of parent(s)/ legal guardian(s)

Emergency Phone #(s):

Name

Relationship

Phone

Name

Relationship

Phone