



MEDICAL and LIABILITIES RELEASE FORM

Name _____ Age ____ DOB _____
(Last) (First) MM/DD/YYYY

Address _____
(Street) (City) (Zip Code)

Home Phone _____ Parent's Cell Phone _____

In emergency, notify _____ Relationship _____

Day Phone _____ Night Phone _____

Family Dr. _____ City _____ Phone _____

Health Insurance Provider _____ Policy # _____

Address _____ Phone _____

Name of Main Insured _____ Subscriber # _____

Health History

___ Drug Allergies ___ Insect Sting Allergies ___ Chronic Asthma ___ Epilepsy/Nervous Disorders
___ Hay Fever ___ Food Allergies ___ Frequent Colds ___ Frequent Stomach Upsets
___ Diabetes ___ Heart Condition ___ Physical Handicap ___ Other: _____

Please specify and list normal treatment _____

Date of last tetanus _____ Any activity restrictions? ___ List restrictions _____

Name and dosage of any medication which your child takes on a regular basis: _____

Medical Release:

In the event that I cannot be reached in an emergency while my child is participating in a Valley Church camp, event or program, I hereby give permission to the physician or dentist selected by Valley Church leaders to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that all billings for services rendered will be sent to me as the parent/legal guardian and that I am responsible for the complete payment.

Liability Release:

"In the unlikely event that my child is injured while participating in activities on or off the campus of Valley Church or in route to such activities, my child and I relinquish all rights to recover damages for any and all injuries sustained by my child during or in route to activities. In consideration for the church granting my child permission to recreate on or off the church campus, I hereby release Valley Church from the liability for injuries caused by negligence on the part of Valley Church and its employees and volunteers."

I acknowledge that if my child has to return home early for discipline violations it will be at the parent/guardian's expense.

I also understand the photos and videos may be taken of my child while at Valley Church camps, events or programs, which may be used by Valley Church for future promotional purposes.

The signature is for both Medical and Liability Release

(Parent/Guardian Signature)

(Date)

(Name)

(Relationship to child)