

# CLIFE STUDENT MINISTRY MEDICAL & LIABILITY RELEASE

In the event of an accident or special health needs, it will be necessary to have the requested information. Please make certain that you have provided thorough and accurate medical information. It is recommended that you attach a photocopy of your family medical insurance card.

Name of Student \_\_\_\_\_ Birth Date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Sex (M/F) \_\_\_  
First Middle Last

Person to Notify in Event of Emergency: \_\_\_\_\_

Phone Number of Emergency Contact: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Other \_\_\_\_\_

If unable to reach above person, Notify: \_\_\_\_\_ Relationship to You \_\_\_\_\_

Phone Number of Contact Person: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Other \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Co. \_\_\_\_\_ Plan or Group # \_\_\_\_\_

Insured ID or Member # \_\_\_\_\_ Ins. Co. Phone \_\_\_\_\_

Medications taken \_\_\_\_\_

### MEDICAL INFORMATION

Significant Allergies (specify)

- Food
- Insect Sting
- Medicine/Drug
- Plant/Pollen
- Other

Special Diet: \_\_\_\_\_

Recent Surgery? \_\_\_\_\_

Date of last Tetanus Shot? \_\_\_\_\_

Immunizations Current? \_\_\_\_\_

Diseases or Chronic Illnesses (Explain all that apply)

- Asthma
- Bleeding Disorder
- Joint or Back Problems
- Diabetes
- Epilepsy
- Heart Condition
- Seizures
- Stomach Condition
- Emotional

I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed medically necessary.

I understand that my health insurance coverage for my child will provide primary coverage in the event medical treatment or intervention is needed.

I agree to allow the identified student to participate in student ministry activities and understand all reasonable safety precautions will be taken at all times by Community Life Church and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Community Life Church, its leaders, employees, and volunteer staff liable for any damages, losses, diseases, or injuries incurred as a result of the student's participation in student ministry activities.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_