

Eastside Christian Church Youth Ministry
Medical Release

Contact Information:

Name of student _____ Birth date _____ Grade ____ male or female (circle)
Address _____ City _____ Zip _____
Home phone (____) _____ Student's cell phone (optional) (____) _____
Student's/family E-mail _____ @ _____
Parent(s)/guardian(s) full name(s) _____

Emergency Information:

In emergency notify _____ Relationship to minor _____
Emergency phone (____) _____ Alternate phone (____) _____
Doctor _____ City _____ Dr. Phone (____) _____

Health/Insurance Information:

Allergies: Drugs ____ Hay Fever ____ Insect Stings ____ Other Allergies ____ (specify: _____)
Chronic Asthma ____ Frequent Stomach Aches ____ Epilepsy or other nervous disorder ____
Diabetes ____ Physical Handicap ____ Heart Condition ____ Frequent colds ____
If any of the above are checked, please give details (i.e. include normal treatment of allergic reactions, etc.): _____
Date of last Tetanus shot: _____
Name & dosage of any medications that must be taken: _____

Eastside Christian Church insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is in camp or a participant at an event/activity.

Do you have health insurance? Yes ____ No ____ If yes, please give company information:
Insurance name _____ Policy number _____
Phone number (____) _____ Address _____
Main insured's social security number _____ Group # _____

In the event I cannot be reached in an emergency during any youth activity, I hereby give my permission to the physician or dentist selected by Eastside Christian Church to hospitalize, to secure proper treatment and/or order an injection, anesthesia or surgery for my child as deemed necessary.

Photo Release:

If you choose **not** to allow your son or daughter's photograph to be used on the Eastside Youth website or Eastside church website please sign here. _____

If you choose **not** to allow your son/daughter's photograph to be used for Eastside's private records (i.e. attendance, etc.) please sign here. _____

If you **will allow us to use your son/daughter's photograph please **do not sign either**.*

Liability Release:

We feel that our youth activities at Eastside Christian Church are well supervised and safe; however, no activity is without the possibility of unforeseen hazards. Certain student activities have the inherent possibility for risk; therefore, we want to alert parents, guardian, and individuals of them. By signing this form the parent, guardian or individual agrees to assume and accept all risks and hazards inherent in youth activities, such as (but not limited to) boating, water-related sports, team competition, horses, bikes and other related youth activities. They also agree no to hold Eastside Christian Church and/or its owners, agents, or employees liable for damages, losses, or injuries to the person(s) or property undersigned. The parents or guardians understand that they are signing for the minors listed on this form and that the signature is for both a medical and liability release.

Parent or guardian signature _____ Date _____
Parent or guardian printed name _____