

# Faith Community Church

## Medical Release Form

Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_  
Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of birth \_\_\_\_\_ Circle one: Male or Female  
Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
Person to Notify \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_  
Alternate Emergency Contact Name and Phone \_\_\_\_\_

### I. MINOR CHILDREN

I, \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ (here after referred to as "minor") a minor, hereby acknowledge that the Minor is presently under my care and custody. I give permission for the Minor to go to and participate in activities with Faith Community Church of Osceola, Indiana (here after referred to as "Church") including those activities requiring transportation to other locations.

**The Minor is voluntarily participating in these activities, including transportation to and from such activities, with my full knowledge of the dangers involved and hereby we agree to accept any and all risks of injury of such participation and transportation. In the unlikely event of an emergency necessitating medical or surgical attention, I consent to and give my permission to the Church, its representatives, or trip leaders to make decisions to perform medical treatments and/or surgery upon the Minor, which may, in their sole discretion, be necessary and proper under the circumstances. I understand that I will be financially responsible for any part of the cost of any medical treatments and/or surgery, which may be deemed necessary for the Minor to the extent not paid by insurance. I, the undersigned parent and/or guardian of the Minor, do release, discharge, and agree to hold the Church and its representatives, or trip leaders harmless, from any and all claims, actions, damages, and/or liabilities arising out of any accident or sickness, or treatment thereof, incurred by the Minor during activities with the Church.**

Signature of parent and/or guardian \_\_\_\_\_ Date \_\_\_\_\_

### II. ALL PARTICIPANTS (to be completed by ALL participants)

I, the undersigned, have read the above Medical Release form including the waiver and do agree to the same terms. I release, discharge, and agree to hold the Church and its representatives, or trip leaders harmless, from any and all claims, actions, damages, and/or liabilities arising out of any accident or sickness, or treatment thereof, incurred by or for me during activities with the Church.

Signature of participant \_\_\_\_\_ Date \_\_\_\_\_

### III. MEDICAL INFORMATION (to be completed by ALL participants)

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

Group Number \_\_\_\_\_ Policy Holder Name \_\_\_\_\_

Primary Doctor's Name and Phone \_\_\_\_\_

List any physical limitations which might hinder participation in activities (allergies, asthma, migraines, etc.) \_\_\_\_\_

List any medications (and doses) which are taken regularly \_\_\_\_\_

List any special information needed, should medical treatment be required (rare blood types, drug allergies, diabetes, missing organs, high blood pressure, etc.) \_\_\_\_\_