



Student's Last Name: _____

Medical and Liability Release Form
Jamul Community Church
2019-2020 School Year

Student's Full Name: _____
Date of Birth: ____/____/____ Age: _____ Current Grade: _____ Gender: _____
Address: _____ City: _____ Zip: _____
Parent/Guardian(s): _____ Home: (____) _____ Cell: (____) _____
Parents e-mail: _____

Emergency Contact: In case above number does not answer please notify:
Name: _____ Relationship: _____ Phone: (____) _____
Doctor: _____ Phone: (____) _____

Health History

Allergies: _____ Insect Stings _____ Drugs (type _____) _____ Other: _____
Other Conditions: _____ Heart Condition _____ Frequent Colds _____ Chronic Asthma _____ Diabetes _____ Hay Fever
_____ Frequent Stomach Upsets _____ Epilepsy _____ Physical Handicap _____ Other: _____

If you checked any of the above, please give details, (i.e. Include normal treatment of allergic reactions)

Date of last tetanus shot: _____
Name and dosage of any medications that must be taken: _____
Any swimming restrictions: ____Yes ____No Any activity restrictions: ____Yes ____No
Please list restrictions: _____
Our church's 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 you are on a church related activity.

Do you have health insurance? ____Yes ____No If you do not have health insurance please fill out the additional medical insurance waiver on the bottom of this form.

Name and Address: _____ Policy Number: _____

In the event that I am unresponsive and my emergency contacts cannot be reached in an emergency during the trip 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 as deemed necessary.

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 precaution, unforeseen events can occur. By signing this form, I agree to assume and accept all risks and hazards inherent in church related activities. I also agree not to hold this church or its employees or volunteer staff liable for damages, losses, or injuries to the person or property undersigned. I understand that the signature is for both a medical and liability release.

Parent or Guardian's Signature

Date

Valid from date signed through - August 31, 2020

Medical Insurance Waiver (Only for those without insurance)

Valid from date signed through August 31, 2020

_____ has no medical insurance. I/we, _____ accept full responsibility for any medical expenses incurred as a result of an accident or injury that occurs during a Jamul Community Church sponsored youth activity.

Signature

Date