



Student's Last Name: _____

**Medical and Liability Release Form
Jamul Community Church
2020-2021 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 including transportation to and from 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 including but not limited to, the following: sickness, exposure to infectious/communicable disease, bodily injury, death, emotional injury, personal injury, property damage, and financial damage. 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, 2021

Medical Insurance Waiver (Only for those without insurance)

Valid from date signed through August 31, 2021

_____ 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