

## Medical Liability Form

**Child's Name** \_\_\_\_\_ **Date** \_\_\_\_\_

Child's Birthdate \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Work Phone** \_\_\_\_\_

As legal guardian, I do hereby certify that this minor is in good health and able to participate in all camp activities: YES \_\_\_\_\_ NO \_\_\_\_\_

Is the minor currently under a doctor's supervision for:

Epilepsy: Y \_\_\_ N\_\_\_ Diabetes: Y\_\_\_ N\_\_\_ Asthma: Y\_\_\_ N\_\_\_ Allergies: Y\_\_\_ N\_\_\_

Specify Allergies – Food or Otherwise: \_\_\_\_\_

Other conditions: \_\_\_\_\_

Current medications: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

Medical Insurance (company) \_\_\_\_\_ Policy # \_\_\_\_\_

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

As legal guardian of the above-named minor, I hereby give my permission for him/her to participate in the program activities. Whenever it may be deemed necessary, I authorize the calling of a doctor and/or the providing of other necessary medical services, unless covered by insurance, agree to pay for same. I understand that reasonable measures will be taken to safeguard the health and safety of the children and that I will be notified as soon as possible in case of an emergency. However, should you accept this minor as participant; I agree to indemnify and hold harmless the group leaders, or any other representative of the Church, or the Church itself, from all liability arising from this minor's participation in or attendance at this function.

Parent/Guardian SIGNATURE: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date \_\_\_\_\_