



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 _____