

NORTH COAST CHURCH
Medical and Liability Release Form: Small Group Night Out 2023

STUDENT'S NAME _____ AGE _____ GRADE _____
ADDRESS _____ CITY _____
ZIP _____ PHONE _____ SEX _____ D.O.B. _____
PARENT'S E-MAIL ADDRESS _____

In case above number does not answer please notify:

NAME _____ PHONE _____
DOCTOR _____ PHONE _____

HEALTH HISTORY

Allergies: ___ Insect stings ___ Drugs (type _____) ___
Others: _____
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
What 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 your son or daughter is 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 cannot be reached in an emergency during the dates 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 and injection, anesthesia, or surgery for my son or daughter 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, the parent/guardian agrees to assume and accept all risks and hazards inherent in church related activities for the Small Group Night Out event, including games at the event and all activities included such as (but are not limited to) participating in games, activities, meals, swimming, jumping on trampolines, using props, running, participating around a campfire, exploring, watching a movie in theatre's, and transportation. They 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. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Parent or Guardian's Signature Date

Valid on April 11th, 2023

Medical Insurance Waiver (Only for those w/o insurance)

Valid on April 11th, 2023

_____ has no medical insurance. I/we, _____ accept full
Student's Name Parent or Legal Guardian
responsibility for any medical expenses incurred as a result of an accident or injury that occurs during a North Coast Church sponsored youth activity.

Signature Date