

MEDICAL & LIABILITY RELEASE FORM
STUDENT MINISTRIES
Savannah Christian Church

Name _____ Birthdate _____
Address _____
City _____ State _____ Zip _____
Home Phone _____ School _____ Grade _____
Mother=s Name _____ Daytime Phone _____
Father=s Name _____ Daytime Phone _____
Emergency Contact Name _____ Relation _____
Emergency Contact Phone (day) _____ (evening) _____
Health Insurance Company _____
Name of Policy Holder _____ Policy # _____

MEDICAL INFORMATION

List known allergies _____

List medications currently taken _____

Does your child have any medical conditions about which we should be aware? _____

(If so, please describe) _____

Please check the following medications that are OK to be administered to your child in case of illness: _____ Tylenol (acetaminophen) _____ Advil (ibuprofen) _____ Aspirin

This health history is correct, so far as I know, and the person herein described has permission to engage in all church activities except as noted.

I, the undersigned parent or guardian of _____, a minor, do hereby authorize the adult leaders of Savannah Christian Church to consent to any examination, x-ray, anesthetic, medical or surgical diagnosis or treatment and hospital care which is rendered under supervision of any physician, surgeon, or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered as the office of said physician or at said hospital.

Further, as parent or guardian of the minor named above, I do hereby expressly consent that my child may receive emergency medical treatment from any physician, hospital, or other medical center without the necessity of first notifying me, and do further agree to hold blameless any physician, hospital, or other medical center for rendering such services.

I hereby remise, release, and forever discharge Savannah Christian Church, its agents, servants, and all other persons, firms, and corporations whomsoever of and from any and all actions, claims, and demands, whosoever which claimant now has or may hereafter have on account of or arising out of any accident, casualty, or event which might happen on the property or in programs of Savannah Christian Church.

Signature of Parent/Guardian _____ Date _____

This release is effective for one year from the date signed. Please contact the church if any insurance or contact information changes within that period.