

MEDICAL AND LIABILITY RELEASE FORM

Bethel Presbyterian Church
1401 South Naperville Road
Wheaton, IL 60189

Student Information

Male Female

First	Last	Middle
Address		Apt/Unit
City	State	Zip
Birthdate	Grade	School
Home #	Cell #	Email

Parent or Guardian Information

Mother Father Other

First	Last	Middle
Address		Apt/Unit
City	State	Zip
Home #	Work/Cell #	Email

Emergency Contact - Non-Relative

First	Last	Middle
Address		Apt/Unit
City	State	Zip
Home #	Work/Cell #	Email

Insurance Information

Is the participant insured? Yes No

Name of Policy Holder	
Insurance Carrier/Company	
Policy Number	ID Number
Claim Address	
Customer Service Phone #	

Primary Care Provider

First	Last
Name of Practice	Phone #

Date of last tetanus shot (required) _____ / _____ / _____

Activity Restrictions? Yes No _____

Allergies

Please check all the apply and provide as much additional information as necessary (e.g., normal treatment, etc.)

- Food _____

- Drugs _____

- Other _____

Medication Information

Please list all medications the youth will take during any youth ministry trips, retreats, or events. This includes any prescription, non-prescription medications, herbal supplements and vitamins. Any participant under the age of 18 is required to give all medications to the adult youth leader in their original containers with complete dispensing instructions before the start of the event. Youth are not permitted to carry any prescription or non-prescription medication and will be sent home at the parent/guardian's expense if they do.

Medication _____

Please check one of the following

- This child takes no medication.
- This child takes medication and requires no assistance.
- This child takes medication but needs assistance.

Over-The-Counter Medication Permission:

Do you give permission for your child/youth to be given over-the-counter medication as needed and as directed on the label, to treat non-emergency medical conditions that do not require a doctor or hospital visit such as a minor headache, stomachache, or allergic reaction (e.g., Tylenol, Advil, antacids, Benadryl) while at a youth ministry event?

- Yes No

Medical Release

“In the event that I cannot be reached in an emergency, I hereby give my permission to the qualified, licensed physician selected by the church leadership to secure proper intervention, X-ray examination, medical or surgical diagnosis and treatment, anesthesia, and hospitalization 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 or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants 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 medical and liability release.

Early Return Home Policy

Should it be necessary for my child or youth to return home due to medical reasons, disciplinary action or otherwise, the undersigned shall assume all transportation costs and responsibility.

Transportation Release

The undersigned does also hereby give permission for my child/youth to ride in any vehicle driven by an approved and licensed adult chaperone while attending and participating in activities sponsored by Bethel Presbyterian Church. My child/youth and I understand that seat belts must be worn at all times during transportation in vehicles so equipped therewith.

Parent or Guardian Signature:

Sign _____ Print _____

Form to be used for 1 year from ____/____/____