

## Medical Consent Form & Liability Waiver 2018



Student's Name: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: **M** or **F**

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Emergency Contact: \_\_\_\_\_

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

Parent / Guardian Primary Phone: \_\_\_\_\_

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give permission to the staff or leader to secure the services of a licensed physician to provide the medical care necessary for my child's well-being. Including, but not limited to, transportation by ambulance, anesthesia, or emergency surgery.

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Y or N** Does your child have any allergies, medications being taken, medical conditions or other health related information we should know? **IF YES**, please write the details on the back of this form.

**Y or N** May we give your child Tylenol or Benadryl as needed?

Date of last tetanus shot: \_\_\_\_\_

### **Health Insurance Information**

Name of Insurance Company: \_\_\_\_\_

Policy Holder Name: \_\_\_\_\_ Insurance Co. Phone Number: \_\_\_\_\_

Group Name: \_\_\_\_\_

Group Number: \_\_\_\_\_ Member ID: \_\_\_\_\_

I further understand that by signing below I am full releasing Emmanuel Baptist Church of Xenia and all associated persons from any and all claims and liability, expressly including but not limited to their negligence for any injuries, death, damages, or other losses the participant may suffer or sustain before, during or after (or traveling to or from) the events / activities / trips contemplated in this document: \_\_\_\_\_

*INITIALS*

The signatures below affirm our understanding of and agreement to abide by the statements herein. I agree with all the statements, terms, and conditions of the **1)** consent for emergency medical treatment, **2)** release of liability, and **3)** consent to participate in events / activities / trips associated with the youth ministries of Emmanuel Baptist Church.

**Parent / Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_