

Fellowship Bible Church
Release Form & Medical Information
(All information provided will be kept strictly confidential)

Name of participant _____ Date of Birth: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone number: _____

Emergency Contact Person (Parent/Guardian Name if under 18):

Address (if different from above): _____
City: _____ State: _____ Zip Code: _____
Phone number: _____ Work number: _____

Alternate Contact Person:

Name: _____ Relation to Student: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Phone number: _____ Work number: _____

If you have medical insurance, your carrier will be billed for medical charges in the case of injury in the course of the activity.

Do you have health insurance? Yes _____ No _____
Name of insurance company: _____
Policy number: _____ Group number: _____
In whose name is the insurance? _____
Family Doctor: _____ City: _____
Phone number: _____

Pre-existing or present medical conditions:

Name and dosage of any medications that must be taken: _____

Known allergies to medication? _____

Other allergies? _____

Normal treatment to these allergic reactions (if any): _____

Date of last tetanus shot? _____ Contact lenses? _____

Any activity restrictions? _____

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency during the activity dates show on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as the primary coverage in the event medical intervention is needed. Coverage by Fellowship Bible Church through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand that all reasonable safety precautions will be taken at all times by Fellowship Bible Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Fellowship Bible Church, its leaders, elders, pastors, employees, and volunteer staff liable for damage, losses, diseases, or injuries incurred by the subject of this form based on negligence or other ground of liability. The undersigned fully understands this form and has the capacity to sign on behalf of the student named above.

Participant signature: _____ Date: _____

If under 18

Parent/Guardian Signature: _____ Date: _____