

Medical and Liability Release  
Form For Children and Youth

Life Bible Fellowship Church  
2426 N. Euclid Ave. ~ Upland, CA 91784  
909 981-4848

Name \_\_\_\_\_  
Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_

EMERGENCY

*In case of an emergency, notify:*

NAME \_\_\_\_\_  
PHONE \_\_\_\_\_  
DOCTOR \_\_\_\_\_ CITY \_\_\_\_\_  
PHONE \_\_\_\_\_

INSURANCE

*Our church insurance is 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 YES, NAME OF COMPANY \_\_\_\_\_  
POLCY NUMBER \_\_\_\_\_  
ADDRESS \_\_\_\_\_

MEDICAL

*Your health history:*

ALLERGIES: \_\_\_\_\_ Insect stings \_\_\_\_\_ Drugs \_\_\_\_\_ Other allergies  
HEALTH CONDITION:  
\_\_\_\_\_ Heart condition \_\_\_\_\_ Frequent colds \_\_\_\_\_ Chronic asthma  
\_\_\_\_\_ Frequent stomach \_\_\_\_\_ Hay fever \_\_\_\_\_ Epilepsy  
upsets  
\_\_\_\_\_ Physical handicap \_\_\_\_\_ Diabetes \_\_\_\_\_ Other (explain please)

*If you have checked any of the above, please give details (i.e. include normal treatment of allergic reactions)*

\_\_\_\_\_  
\_\_\_\_\_

***More about your health***

NAME AND DOSAGE OF ANY MEDICATIONS THAT MUST BE TAKEN \_\_\_\_\_

ANY SWIMMING RESTRICTIONS \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what restrictions? \_\_\_\_\_

ANY ACTIVITY RESTRICTIONS \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, what restrictions? \_\_\_\_\_

**MEDICAL RELEASE**

“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 an 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 or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities and in any related transportation. 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 of the undersigned.

***The parent/guardian understands that they are signing for the minor listed on this form and the signature is for both a medical and liability release.***

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PLEASE PRINT NAME

\_\_\_\_\_  
RELATIONSHIP