

MEDICAL RELEASE FOR YEAR 2017

LAST NAME: _____

Current Grade - 6 7 8 9 10 11 12 (*Circle one*)

In case of an emergency, I hereby give permission for my child
_____ (*please print name*)
to be treated by the physician or hospital selected by any of the adult youth staff
accompanying this activity.

In consideration of my child being allowed to participate in activities sponsored by Cedar Ridge Christian Church, I (we), do for myself (ourselves) and for and on behalf of my child-participant, do hereby release, forever discharge and agree to hold harmless Cedar Ridge Christian Church in Broken Arrow and its employees, officers, directors, trustees, members, agents, elders, staff, trip sponsors, vehicle owners, and vehicle drivers from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in an activity sponsored by Cedar Ridge Christian Church.

We understand that many of the activities will be physical in nature, will include travel and I (we) on behalf of my (our) child-participant hereby assume all risk of personal injury, sickness, death, damage and expenses as a result of participation in all activities involved therein.

I (we) further hereby agree to hold harmless and indemnify said church, its elders, employees, officers, directors, trustees, members, staff, and agents, (including trip sponsors and vehicle owners) for any liability sustained by said church as the result of the negligent, willful, or intentional acts of said participant, including expenses incurred attendant thereto.

I (we) are the parent(s) or legal guardian(s) of this participant, and hereby grant my (our) permission to take said participant to a doctor or hospital and hereby authorize medical treatment, including but not in limitation to emergency surgery or medical treatment, and we assume the responsibility of all medical bills if any.

Authorized signature(s) of Parent / Guardian

Date

(OVER)

Please complete side 2 of this form.

Name of child _____

Home Phone _____ Birth date _____

Home address _____

City _____ State _____ Zip _____

Father's name _____

Cell Phone # _____ Work Phone # _____

Email Address _____

Mother's name _____

Cell Phone # _____ Work Phone # _____

Email Address _____

Medical insurance group _____

Medical insurance policy # _____

Known allergies _____

Emergency contact (in case you cannot be reached)

Name _____ Phone _____