

# Medical and Liability Release Form

Gethsemane Church of Christ  
5146 Mechanicsville Turnpike  
Mechanicsville, VA

**CHILD'S NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_

**BIRTHDAY** \_\_\_\_\_ **GRADE** \_\_\_\_\_

**PARENT/GUARDIAN'S NAME(S)** \_\_\_\_\_

**PHONE NUMBERS:** mom \_\_\_\_\_ dad \_\_\_\_\_ (home)

mom \_\_\_\_\_ dad \_\_\_\_\_ (work)

mom \_\_\_\_\_ dad \_\_\_\_\_ (cell)

## EMERGENCY CONTACTS

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

## INSURANCE/DOCTOR'S INFORMATION

THE CHURCH'S INSURANCE IS ONLY SECONDARY INSURANCE. IF YOU HAVE MEDICAL INSURANCE, YOUR CARRIER WILL BE BILLED FIRST FOR MEDICAL CHARGES IN THE CASE OF ILLNESS OR INJURY.

DO YOU HAVE HEALTH INSURANCE?  YES  NO

**INSURANCE COMPANY** \_\_\_\_\_

**POLICY NUMBER** \_\_\_\_\_

**DOCTOR'S NAME** \_\_\_\_\_

**PHONE** \_\_\_\_\_

## MEDICAL INFORMATION

ALLERGIES:  YES  NO WHAT? \_\_\_\_\_

MEDICATIONS:  YES  NO WHAT? \_\_\_\_\_

RESTRICTIONS:  YES  NO WHAT? \_\_\_\_\_

ANY TROUBLES WITH: HEAT STROKE/EXHAUSTION?:  YES  NO

HIGH BLOOD PRESSURE?:  YES  NO

IS YOUR CHILD ALLOWED TO HAVE TYLENOL?  YES  NO

DATE OF LAST TETANUS SHOT: \_\_\_\_\_

ANY ADDITIONAL RELEVANT INFORMATION?  YES  NO

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

**OVER**

## Authorization of Consent for Treatment of Minor

I, the undersigned parent or guardian of \_\_\_\_\_ (child's name), a minor, do hereby authorize any duly authorized employee, volunteer or other representative of the Gethsemane Church of Christ, as agent(s) for the undersigned, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any licensed physician and surgeon, whether such diagnosis or treatment is rendered at the office of said physician and surgeon or at a clinic, hospital or other medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required, but is given to provide authority and power on part of our aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable.

**This authorization shall be in effect from JANUARY 2010 to DECEMBER 2010**

I, the undersigned, on behalf of myself and \_\_\_\_\_ (child's name), shall indemnify, hold free and harmless, assume liability for and defend Gethsemane Church of Christ, its agents, servants, employees, officers and directors from any and all costs and expenses, including but not limited to attorneys' fees, reasonable investigative and discovery cost, court costs and all other sums, which Gethsemane Church of Christ, its agents, servants, employees, officers and demand for, claim or assertion or liability, or any claim or action founded therein, arising or alleged to have arisen out of my child's use of real or personal property belonging to Gethsemane Church of Christ, its agents, servants, employees, officers, and directors, or by reason of my child's participation in any Gethsemane Church of Christ activities.

**Parent or Legal Guardian Signature:**

\_\_\_\_\_

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