



Student's Last Name: _____

2010-2011 school year
Jamul Community Church
Student Ministry
Medical and Liability Release Form

Student's Full Name: _____
Date of Birth: ____/____/____ Age: _____ Current Grade: _____ Gender: _____
Address: _____ City: _____ Zip: _____
Parent/Guardian(s): _____ Home: (____) _____ Cell: (____) _____
Parents e-mail: _____

In case above number does not answer please notify:
Name: _____ Relationship: _____ Phone: (____) _____
Doctor: _____ Phone: (____) _____

Health History

Allergies: ___ Insect Stings ___ Drugs (type _____) ___ Other: _____
Other Conditions: ___ Heart Condition ___ Frequent Colds ___ Chronic Asthma ___ Diabetes ___ Hay Fever
___ Frequent Stomach Upsets ___ Epilepsy ___ Physical Handicap ___ Other: _____
If you checked any of the above, please give details, (i.e. Include normal treatment of allergic reactions)

Date of last tetanus shot: _____
Name and dosage of any medications that must be taken: _____
Any swimming restrictions: ___ Yes ___ No Any activity restrictions: ___ Yes ___ No
Please list restrictions: _____
Our church's insurance is only 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 you do not have health insurance please fill out the additional medical insurance waiver on the bottom of this form.

Name and Address: _____ Policy Number: _____
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 and 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 percaution, unforeseen events can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in church related activities. They also agree not to hold this church or its employees or volunteer staff liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Parent or Guardian's Signature Date

Valid from: September 1, 2010 - Through: August 31, 2011

Medical Insurance Waiver (Only for those without insurance)
Valid from: September 1, 2010 - Through: August 31, 2011
_____ has no medical insurance. I/we, _____ accept full
responsibility for any medical expenses incurred as a result of an accident or injury that occurs during a Jamul
Community Church sponsored youth activity.

Signature Date