

**Medical Records and Release Form**  
**For all Faith Community Youth activities between**  
**January 1, 2012 and December 31, 2012**

Name: \_\_\_\_\_ Phone: H \_\_\_\_\_ C \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Birthday: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_  
Parent/Guardian: \_\_\_\_\_  
Address (if different from above) \_\_\_\_\_ Phone: \_\_\_\_\_  
(For visitors only) Friend of \_\_\_\_\_  
In Emergency, Notify: \_\_\_\_\_ Relationship \_\_\_\_\_ Phone: \_\_\_\_\_  
Physician: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

**Health History and Information**

Allergies, including drug allergies:

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

Current medications with instructions for use and other pertinent medical information:

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

Any activity restrictions: \_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_

**Health Insurance**

Do you have health insurance? Yes \_\_\_\_\_ No \_\_\_\_\_ (if no, please skip this section)

Insurance Company Name: \_\_\_\_\_ Insurance Company Phone: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Place of insured's employment: \_\_\_\_\_ Employment Phone: \_\_\_\_\_

**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/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 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. 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 undersigned. Further, the parents or guardians understand that it is their responsibility to notify the church if any of the above information changes within the specified date range. 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.

Signature of parent: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_

Please return completed form to Faith Community Church of God office.