

Lakeside Christian Church Student Ministry

MEDICAL RELEASE FORM

Please fill out completely

Student Name: _____

Age: _____ Birthdate _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

In Emergency Notify: _____

Relationship: _____

Home Phone: _____ Work Phone: _____

Secondary Emergency Contact: _____

Relationship: _____

Home Phone: _____ Work Phone: _____

1. Known allergies: (include medications)

2. Please list any medications taken regularly by Student. Indicate, in detail, the frequency of the medication dosages.

3. List any other medical condition(s) that would be helpful to know about:

4. List any other over the counter medications student may take. (i.e. Tylenol, aspirin, etc. for headaches, etc.)

5. Date of last tetanus immunization: _____

2008 – 2009 School Year

Current Medical Insurance Coverage Information:

Insurance Co.: _____

Insurance Co. Phone: _____ Policy No.: _____

In the event that my child _____ **should** need emergency medical care or attention, Lakeside Christian Church and/or any one of their agents or employees is hereby authorized to consent to the provision of such emergency medical care, including without limitation, medical, dental, surgical care or hospitalization, to my child as is recommended or suggested by a doctor, nurse, surgeon, or other health care professionals. If such emergency care is provided to my child, I understand that my child's health insurance information will be given to the health care professional and that any expenses that are not covered by my child's insurance shall be my responsibility. I understand that Lakeside Christian Church will not be obligated to pay either the health care professional or me for any medical expenses incurred on behalf of my child.

Furthermore, I, on behalf of my child, hereby waive any and all causes of action, rights, claim or suits which I or my child may have against Lakeside Christian Church, their agents or employees as a result of injury to my child or arising from the decision of Lakeside Christian Church or their agents employees to consent to the provision of emergency medical care to my child.

Signature _____

Printed Name _____

Relationship to Student _____

Date _____

Lakeside Christian Church is released to take and use pictures/video of my child for the website or promotional materials. Please sign **only** if permission is given.

Signature _____

Printed Name _____

Relationship to Student _____

Date _____