

Lakeside Christian Church Student Ministry
LIABILITY AND MEDICAL RELEASE FORM

Student Name: _____

Age: _____ Birthdate: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

In Emergency Notify: _____

Relationship: _____

Home Phone/Work Phone/Cell Phone: _____

Secondary Emergency Contact: _____

Relationship: _____

Home Phone/Work Phone/Cell Phone: _____

Known allergies (include medications): _____

Medications taken regularly by student: (Indicate, in detail, the frequency of the medication dosages.) _____

List any other medical conditions that would be helpful to know: _____

List an other over the counter medications student may take (i.e. Tylenol, Advil, etc.):

Date of last tetanus immunization: _____

Current Medical Insurance Coverage Information:

Insurance Co: _____

Insurance Co. Phone: _____ Policy No.: _____

In the event that my child, _____, should need medical care or attention, Lakeside Christian Church and/or any one of its agents or employees is hereby authorized to consent to the provision of such medical care, including with out limitation, medical, dental, surgical care or hospitalization, to my child as is recommended or suggested by a doctor, nurse, surgeon or other health care professional. I agree that any medical information pertinent to my child's care may be shared with the aforementioned health care professionals. If such medical 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, claims or suits which I or my child may have against Lakeside Christian Church, its agents or employees as a result of injury to my child arising from the decision of Lakeside Christian Church or its agents or employees to consent to the provision of medical care to my child.

I, the parent or legal guardian of the student listed above, certify that he/she has my full approval to participate in the **Vintage sr. high retreat**, which shall depart from Lakeside on January 28th, 2011 and return to Lakeside by January 30th, 2011. The Lakeside Christian Church Student Ministry Leaders assume responsibility for discipline on the jr. high retreat trip and if necessary, may, because of misconduct or disobedience, require a participant to leave. Unacceptable behavior will not be tolerated. Students are expected to treat others in a Christian manner and respect the authority of said leaders. A failure to do so will mean dismissal. In such instance, I, the parent or legal guardian of the student, will assume full responsibility of returning the participant home.

As the parent or legal guardian of the student listed above, I hereby give Shamus Staubach as Student Minister of Lakeside Christian Church and Leader of the Sr. High Retreat, permission to act on my behalf in regards to any and all pertinent decisions regarding my child including but not limited to travel and lodging.

Signature of Parent or Legal Guardian: _____
Printed Name: _____
Relationship to Student: _____
Date: _____
Signature of Student: _____

Lakeside Christian Church is released to take and use pictures of my child for the website or promotional materials. Please sign ONLY IF PERMISSION IS GIVEN.

Signature: _____
Date: _____