

**2018 MEDICAL and LIABILITY RELEASE FORM
Gateway Christian Church**

Student Information

Name _____ Phone _____

Address _____ City _____ Zip _____

Social Security # _____ Age _____ Birth date _____

In Case of Emergency Call

1. Name _____ Relationship _____ Phone _____ Hm Wk Cell

2. Name _____ Relationship _____ Phone _____ Hm Wk Cell

3. Name _____ Relationship _____ Phone _____ Hm Wk Cell

Date of Last Tetanus Shot _____

Allergies, medicines, or medical information that needs to be known about the student (use back if more space is needed)

Medical Insurance Information

Doctor _____ Phone _____

Insured's Name _____ Insured's Employer _____

Insurance Company _____ Policy Number _____

Insurance Company Address _____ City _____ State _____ Zip _____

Insurance Company Phone Number _____ Please attach copy of insurance card.

I, the undersigned, understand that in the event of a medical emergency every effort will be made to contact the parent or guardian listed above. However, in the event that the above named parent or guardian cannot be reached, I hereby authorize the church minister(s) or youth sponsor(s) present on such trip, activity or event to select such physicians, nurses, medical authorities, and/or hospitals to administer proper treatment for my child and/or to order and administer to him/her such injection, medication, anesthesia, surgery, hospitalization, or such other medical practices as they deem necessary.

I am aware that my student will be given the choice to participate in activities that may be physically and emotionally demanding and where certain inherent risks and dangers may exist. I recognize that there is an element of risk in any adventure, sport, or activity. My student may be exposed to extraordinary physical hazards, weather conditions, or other unknown events. I have noted any and all conditions which may affect my students' participation on this Medical Release Form. I do hereby assume all risks and I agree to release and hold harmless Gateway Christian Church of Town and Country, its representatives, assistants, employees, and all related entities from any and all liability, loss or damage actions, claims and demands, which my student now has or which may arise from their participation in these activities. This shall serve as a release and assumption of risk for their heirs, executors, and all personal representatives.

I further state that I have listed above all known allergies and health problems for my child and any other information pertinent to his/her health, including medications he/she takes. I agree to revise this information as it may change during the calendar year 2018 so that the above reflects the current health status of my child at any given time. I am retaining a copy of this form for my files.

Gateway Staff assumes responsibility for discipline at programs and, if necessary, may, because of misconduct or disobedience, require a student to leave. In such instance, I will assume full responsibility for returning the student home.

Parent/Guardian Signature _____ Date _____

Medical Release Forms currently on file may be reviewed at any time and updated as needed.