



# MEDICAL RELEASE FORM

Effective January 1, 2010 – December 31, 2010

**To be filled out by Parents Only**

Name: \_\_\_\_\_ Preferred Name (if different): \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: ( Male ) ( Female )

Mother's Name: _____	Father's Name: _____
Work Phone Number: _____	Work Phone Number: _____
Cell Phone : _____	Cell Phone : _____

Alternative Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### MEDICAL INFORMATION

Insurance Co: \_\_\_\_\_ Policy Number (optional) \_\_\_\_\_

Group Number: \_\_\_\_\_ Policy Holder Name: \_\_\_\_\_

Doctor – Name and Phone: \_\_\_\_\_

### MEDICAL HISTORY (Please fill in or check appropriate blanks.)

Immunizations up to date \_\_\_\_ Yes \_\_\_\_ No Date of last tetanus shot \_\_\_\_\_

Diagnosis of Diabetes \_\_\_\_ Seizures \_\_\_\_ Asthma \_\_\_\_ Migraines \_\_\_\_ Cardiac or Respiratory problems \_\_\_\_

If yes then please explain treatment

\_\_\_\_\_

\_\_\_\_\_

Any additional medical information a Doctor or Nurse may need

\_\_\_\_\_

\_\_\_\_\_

Allergies: To What	Reaction	Reason
_____	_____	_____
_____	_____	_____

Bee Sting Allergy? \_\_\_\_ Yes \_\_\_\_ No \_\_\_\_ Unknown Severe Reaction? \_\_\_\_ Yes \_\_\_\_ No

**If yes Student MUST carry an Epi-pen!**

(Form continued on next page)

Medications: Name	Dose	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Prescription meds MUST be in the original pharmacy bottle with students name and dose instructions.**

All medications will be stored and administered by an adult, except emergency inhalers and Epi-pens.

Please do not send over the counter medications. The following medications will be provided:

Tylenol 650 mg every 4 hours as needed for Headache, Temp > 101, minor pain.

Benadryl 25 mg every 4-6 hours as needed for allergy symptoms or bee sting.

Ibuprofen 400 mg every 6 hours as needed for Sports injuries or in place of Tylenol.

\_\_\_\_\_ Please check if you **DO NOT** want these medications given.

**RELEASE OF LIABILITY**

**I. MINOR CHILDREN**

I, \_\_\_\_\_, the parent or legal guardian of, \_\_\_\_\_ (Hereinafter referred to as "MINOR") a minor, hereby acknowledge that the Minor is presently under my care and custody. I give permission for the Minor to go to and participate in activities with Eagle Church of Zionsville, IN, (hereinafter referred to as "CHURCH"), including those activities, which require transportation to other locations. (example: camp, small group, outings)

**THE MINOR IS VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES, INCLUDING TRANSPORTATION TO AND FROM SUCH ACTIVITIES, WITH MY FULL KNOWLEDGE OF THE DANGERS INVOLVED AND HEREBY WE AGREE TO ACCEPT ANY AND ALL RISKS OF INJURY OF SUCH PARTICIPATION AND TRANSPORTATION.**

In the event there an emergency arises, necessitating medical or surgical attention, I consent to and give my permission to the Church, its representatives, or trip leaders to make decisions to perform medical treatments and/or surgery upon the Minor which may, in their sole discretion, be necessary and proper under the circumstances.

I understand that I will be financially responsible for any part of the cost of any medical treatments and/or surgery which may be deemed necessary for the Minor to the extent not paid by insurance.

I, the undersigned parent and/or guardian of the Minor, do release, discharge, and agree to hold the Church and its representatives, or trip leaders harmless, from any and all claims, actions, damages, and/or liabilities arising out of any accident or sickness, or treatment thereof, incurred by the Minor during activities with the Church.

**Signature of parent and/or guardian** \_\_\_\_\_ **Date:** \_\_\_\_\_

**II. ADULT STUDENTS (To be completed by those OVER 18 years of age):**

I, the undersigned, am 18 years of age or older. I have read the above Medical release form including the Waiver and do agree to the same terms. I release, discharge, and agree to hold the Church and its representatives, or trip leaders harmless, from any and all claims, actions, damages, and/or liabilities arising out of any accident or sickness, or treatment thereof, incurred by or for me during activities within the Church.

**Signature of participant** \_\_\_\_\_ **Date:** \_\_\_\_\_