

MEDICAL RELEASE

(for Group Trips Sponsored by Southridge Reformed Church)
Good September 2011– August 2012

Name of Youth Participant _____

Full Address _____

Date of Birth _____ Phone _____

Emergency contact person _____ Phone _____

Name of Insurance Company _____ Policy # _____

Physician Name _____ Phone _____

Please list any medical allergies, medications being taken, medical problems, or other pertinent information:

I understand that, in the event medical treatment is required, every effort will be made to contact me. However, if I cannot be reached, I give my permission to Southridge Reformed Church or an adult sponsor to secure the services of a licensed physician to provide the care necessary, including anesthesia, for my child's well-being. I understand that if my child's medical information changes it is my responsibility to fill out a new form.

Signed _____ Date _____
(Parent or legal guardian)

Parent's email _____

WAIVER OF LIABILITY STATEMENT

I, the parent or legal guardian of the child listed below, release Southridge Reformed Church, together with the adults in charge, from any and all claims resulting from injury or damage that may be sustained by my child while participating in the activity listed below.

Name of Participant _____

Activity _____

Date(s) of activity September 2011 through August 2012

Signed _____ Date _____