

## MEDICAL RELEASE

(for Group Trips Sponsored by Southridge Reformed Church)

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.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or legal guardian)

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## 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 \_\_\_\_\_ through \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_