



# Lake Ridge Christian Church

122 E. Steidl Road, P.O. Box 578 Paris, Illinois 61944-0578  
Nate Alexander, Senior Minister ~ Spenser Carrell, Worship Minister  
Sarah Moehlman, Children's Minister ~ Alicia Cater, Youth Minister

## School Grade \_\_\_\_\_ **MEDICAL AND LIABILITY RELEASE FORM** (Revised 6/19/02)

Student's Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_ Home Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Parent(s)/Guardian(s) Student Lives with: \_\_\_\_\_ Work/cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
\_\_\_\_\_ Work/cell Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Student's Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

In case of emergency, notify: \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Grandparents' Names: \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

\_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Doctor \_\_\_\_\_ City \_\_\_\_\_ Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

### **HEALTH HISTORY:**

Allergies:

\_\_\_ Insect stings \_\_\_ Drugs (\_\_\_\_\_) Other allergies (\_\_\_\_\_)

Other conditions:

\_\_\_ Heart condition \_\_\_ Frequent colds \_\_\_ Frequent stomach upsets \_\_\_ Hay fever \_\_\_ Diabetes

\_\_\_ Physical handicap \_\_\_ Chronic asthma \_\_\_ Epilepsy \_\_\_ Other (\_\_\_\_\_)

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions): \_\_\_\_\_

Name(s) and dosage(s) of any medication(s) that must be taken: \_\_\_\_\_

Date of last tetanus shot: \_\_\_/\_\_\_/\_\_\_ Can this student swim? \_\_\_ Yes \_\_\_ No

Any swimming restrictions? \_\_\_ No \_\_\_ Yes (\_\_\_\_\_)

Any activity restrictions? \_\_\_ No \_\_\_ Yes (\_\_\_\_\_)

### **INSURANCE INFORMATION:**

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is involved in a church-related activity.

Do you have health insurance? \_\_\_ Yes (*Please make a copy of your insurance card and attach it to this form.*) \_\_\_ No

Name of Insurance Provider: \_\_\_\_\_ Provider Phone (\_\_\_\_)\_\_\_\_-\_\_\_\_\_

Policy Number: \_\_\_\_\_

Claims Address: \_\_\_\_\_

### **STATEMENT OF RELEASE:**

Every youth ministry activity sponsored by this church is carefully planned and supervised by mature adults. However, even with the best planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related activities. He or she agrees not to hold Lake Ridge Christian Church or its employees or volunteer assistants liable for damages, losses or injuries to the person named above. He or she also understands that the signature below is for both a medical and liability release.

*"In the event that I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by Lake Ridge Christian Church leadership to hospitalize, secure proper treatment, and/or order an injection, anesthesia, or surgery for the person named above, as deemed necessary. I also agree to accept full financial responsibility for the cost of such treatment."*

Parent or guardian's signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_\_\_