

Hillcrest Evangelical Free Church Medical Release Form

Please print

Participant's Full Name _____

Address _____ City _____ State _____ Zip _____

DOB: _____ Parents/Guardians _____

Phone _____ Email _____ Alternate # _____

Do we have permission to give your child access to Ibuprofen Yes__ No__ Aspirin Yes__ No__

In the case of an allergic reaction, do we have permission to give your child Benadryl Yes__ No__

Date of last tetanus shot _____ Blood Type _____

Insurance Co. _____ Policy No. _____ Group No. _____

Please note any medical conditions, food or medication allergies or any other allergies here:

List medications taken regularly:

In the event that I cannot be contacted during an emergency, the best available alternate contact is:

Name _____ Phone _____ Relationship _____

Permission, Acknowledgement, Release

We, the undersigned parents/guardians of the above named youth, grant permission for the youth to participate in the various outings, or any other event sponsored or attended by Hillcrest Evangelical Free Church. We as parents/guardians, have been advised of the nature and extent of the activities that may take place and represent to you that the participant is physically and mentally able to participate in the those activities.

We as parents/guardians, understand that this activity, as in any activity for young people, does present the risk of injury, or even death, to the participant, rare as they may be, and we have advised the participant of those possibilities. We represent to you that we and the participant assume the risk of any such injury or death, and hold you, your agents, employees, and representatives harmless from any liability to any other person or entity arising as a result of the conduct of the participant in this activity and agree to defend the indemnify you, your agents, employees and representatives against any claim or liability arising as a result of such contact.

If we, as parents/guardians, are not personally present at these activities, Hillcrest Evangelical Free Church is authorized on our behalf to arrange for such medical and hospital treatment as you may deem advisable for the health and wellbeing of the participant. We authorize you to transport our child in the church van, rental vehicles, or automobiles provided. We further more give permission for adult volunteers to confront and take appropriate measures necessary if our child refuse to abide by the rules, safety guidelines, curfew or authorities present.

Signature: _____

Date: _____

Updating Information:

If the information above is correct and up to date, please initial and date below. If any information is incorrect, please request a new form.

Initial _____ Date _____

Initial _____ Date _____

Initial _____ Date _____

Initial _____ Date _____

Initial _____ Date _____

Initial _____ Date _____

Initial _____ Date _____

Initial _____ Date _____