

**NORTH COAST CHURCH**  
**Medical and Liability Release Form / Amazing Race to Serve**

NAME \_\_\_\_\_ SEX \_\_\_\_\_ D.O.B. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_  
ZIP \_\_\_\_\_ HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_

IN CASE ABOVE NUMBERS DO NOT ANSWER, PLEASE NOTIFY:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP TO STUDENT? \_\_\_\_\_  
DOCTOR INFORMATION: NAME \_\_\_\_\_ PHONE \_\_\_\_\_

**HEALTH HISTORY**

**Allergies:** \_\_\_ Insect stings \_\_\_ Drugs (type \_\_\_\_\_) Others: \_\_\_\_\_

**Other Conditions:** \_\_\_ Heart Condition \_\_\_ Frequent Colds \_\_\_ Chronic Asthma \_\_\_ Diabetes \_\_\_ Hay Fever  
\_\_\_ Frequent Stomach Upsets \_\_\_ Epilepsy \_\_\_ Physical Handicap \_\_\_ Other: \_\_\_\_\_

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

Name and dosage of any medications that must be taken: \_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_

Any swimming restrictions: \_\_\_ Yes \_\_\_ No

Any activity restrictions: \_\_\_ Yes \_\_\_ No

What restrictions? \_\_\_\_\_

**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 on a church related activity.**

Do you have health insurance? \_\_\_ Yes \_\_\_ No

Name and Address \_\_\_\_\_ Policy Number \_\_\_\_\_

**If you DO NOT have health insurance please fill out the additional medical insurance waiver on the bottom of this form.**

**Liability Release**

*"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order and injection, anesthesia, or surgery for my son or daughter as deemed necessary."*

*Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, I agree to assume and accept all responsibility for risks and hazards inherent at this event/retreat. I also agree not to hold this church or its employees or volunteer staff liable for damages, losses, injuries or death to myself. I understand that I am signing this form for both medical and liability release.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IF UNDER 18 / PARENT GUADIAN RELEASE:**

\_\_\_\_\_  
Parent / Guardian Name printed

\_\_\_\_\_  
Parent / Guardian Name Signature

Parent / Guardian Contact Info – Cell # \_\_\_\_\_

Hm # \_\_\_\_\_

**Valid from: February 4, 2017 - Through: February 4, 2017**

**Medical Insurance Waiver *(Only for those without insurance)***

**Valid from: February 4, 2017 - through February 4, 2017**

\_\_\_\_\_ has no medical insurance. I/we, \_\_\_\_\_ accept full

Your Name

Parent or Legal Guardian

responsibility for any medical expenses incurred as a result of an accident or injury that occurs during a North Coast Church sponsored activity.

\_\_\_\_\_  
Adult / Parent / Guardian Signature

\_\_\_\_\_  
Date