

VALLEY BIBLE CHURCH MEDICAL AND LIABILITY RELEASE

Please fill in highlighted fields, then save and email this form as an attachment to: laragon@valleybible.org

Name of Event Date(s) of Event

First and Last Name Date of Birth Male
 Female

Address City, State Zip

Home Phone Cell Phone Pager

In case of emergency, notify Phone

Family doctor Phone

HEALTH HISTORY (Check all that apply:)

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Insect Stings | <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Food Allergies | <input type="checkbox"/> Heart Condition | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Stomach Problems |
| <input type="checkbox"/> Environmental Allergies | <input type="checkbox"/> Asthma | <input type="checkbox"/> Behavior/Nervous Disorder | <input type="checkbox"/> Other |

If any of the above are checked, please give details (include normal treatment of allergic reactions):

Date of last tetanus shot

Name, dosage, and frequency of any medications that must be taken regularly, or as needed:

Please list activity restrictions, if any:

If your child should require medical attention for injuries received or illness contracted prior to this event, give instructions here:

Do you have health insurance? Insurance Company

Insurance Company Address Policy Number

MEDICAL RELEASE:

In the event that I cannot be reached in an emergency during the event date(s) shown on this form, I hereby give my permission to the physician or dentist selected by Valley Bible Church to hospitalize, to secure proper treatment and/or an injection, anesthesia, or surgery for my child as deemed necessary.

Parent/Guardian Permission (enter your initials) Parent/Guardian Name

Relationship to child Spouse's Name (if applicable) Date