

NORTH TERRACE CHURCH OF CHRIST

MEDICAL/LIABILITY RELEASE - 2009/2010

Student name _____ Gender _____

Address _____ City _____ St. _____ Zip _____

Home Phone _____ Emergency phone _____

Birthday _____ Age _____ Grade _____ Year of graduation _____

Name of Parents / Legal Guardians _____
(Whom you live with)

HEALTH INSURANCE INFORMATION

Health Insurance Company _____

Policy Number _____ Group # _____

Policy address _____ Phone _____

ALLERGIES / MEDICATIONS

List any known allergies and medications STUDENT takes.

I, the parent or legal guardian of the student named above, certify that he/she has my permission to participate in any and all activities and or programs of North Terrace Church of Christ. The student understands that he/she is expected to follow any and all rules and regulations and be responsible to the staff of North Terrace Church of Christ, and if necessary, may, because of misconduct or disobedience be required to leave any or all programs. In such an instance, I will resume full responsibility for returning my student home in a timely manner.

Further, I do release and agree to hold blameless North Terrace Church of Christ, its employees and staff from any and all claims arising, or which may be asserted by me or by any member of my family by reason of participation in any activity associated with North Terrace Church of Christ. Further, I give North Terrace Church of Christ permission to use photos and video taken at any event to be used for promotional materials.

Further, I do certify that said student is covered by adequate accidental insurance. I do give my consent for my child to be treated in case of an emergency and authorize medical treatment, including, but not limited to emergency surgery or medical treatment and assume all responsibility for medical bills and payment, if any.

My consent and signature is given below. I have read and agree to the information given in this entire form.

_____/____/____ Ph _____
Signature of parent or Guardian Date Signed Emergency Contact