

Medical and Liability Release Form

PARENT AND MINOR PARTICIPANT CONTACT INFORMATION

MINOR Participant Information

Full Name of Minor Participant
(First Last):

Birthday
(MM/DD/YYYY):

Current School:

Cell Phone Number:

Current Grade:

Email Address:

Parent/Guardian #1 Information

Parent/Guardian #1 (First Last):

Relationship to
MINOR:

Email Address:

Cell Phone Number:

Best way to contact you?
(ie. phone call, text, email)

Address:

Parent/Guardian #2 Information

Parent/Guardian #2 (First Last):

Relationship to
MINOR:

Email Address:

Cell Phone Number:

Best way to contact you?
(ie. phone call, text, email)

Address:

ACBC Youth Ministry-Medical Information, Treatment Authorization & Liability Release

PARTICIPANT MINOR HEALTH INFORMATION

Please check all items that apply to you and give a detailed explanation below.

<input type="checkbox"/> Physical Disability	<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies	<input type="checkbox"/> Hay fever
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Anemia	<input type="checkbox"/> Dizziness	<input type="checkbox"/> High blood pressure
<input type="checkbox"/> Seizures	<input type="checkbox"/> Pregnant	<input type="checkbox"/> Measles	<input type="checkbox"/> Lung problem
<input type="checkbox"/> Fractured bones	<input type="checkbox"/> Back trouble	<input type="checkbox"/> Heart defect/disease	<input type="checkbox"/> Bleeding/clotting disorder
<input type="checkbox"/> Coordination problems		<input type="checkbox"/> Food allergy or Others (please describe).	

Please list any medications (and dosage) you are currently taking:

(Pharmacy labels preferred or must send written instructions by parental guardian.)

All special diets and medications are the participant's own responsibility.

Activity restrictions:

IMPORTANT: Please inform the church personnel in writing as soon as possible if any of your child's health condition(s) or insurance information has changed at any time. In the event of any medical need(s) or medical emergency, your carrier will be billed for medical charges in the case of illness or injury while participating in church activities or on the church premises.

Insurance Carrier: _____ Policy Number: _____

In case of EMERGENCY, please contact the following (if parent(s)/guardian(s) listed above are not reachable):

Emergency Contact Full Name: _____ Relationship: _____ Main Contact Info: _____

Secondary Contact Info: _____

ACBC Youth Ministry-Medical Information, Treatment Authorization & Liability Release

PARENT/GUARDIAN MEDICAL TREATMENT AUTHORIZATION

I (We), being the parent(s)/legal guardian(s) of _____ (name of Minor) hereby give our permission for the said minor to engage in all activities of the **Arcadia Chinese Baptist Church Youth Ministry**, except as noted or until this permission is revoked in writing sent to and received by said church. The health information of the said minor given in the Medical Information form is correct, so far as I/we know. In the event of a medical emergency that I (we) cannot be reached, I (we) hereby give permission to the Arcadia Chinese Baptist Church and the physicians selected by the Arcadia Chinese Baptist Church to hospitalize, to secure proper treatment, and to order injections, anesthesia, and/or surgery for our child, the said minor.

I (We) also give permission for the said church to provide for my child First Aid and over the counter medication as needed for illness or injury as well as the medication noted above.

This released authorization shall remain in effect indefinitely and not expire, unless revoked in writing and delivered to the said church.

X _____		
Signature of Parent/Legal Guardian #1	Print Name	(Date)
X _____		
Signature of Parent/Legal Guardian #2	Print Name	(Date)
X _____		
Signature of Adult Witness	Print Name	(Date)

LIABILITY RELEASE FORM FOR MINOR PARTICIPANT

I (We), being the parent(s)/ legal guardian(s) of _____ (name of Minor) hereby give our permission for our child, the said minor, to attend all activities of the **Arcadia Chinese Baptist Church Youth Ministry**, on or off the church premises, until this permission is revoked in writing, sent to, and received by said church.

I (We) assume all risks and hazards incidental to the conduct of the activities and transportation to and from all activities. I (We) do hereby release, absolve, indemnify and hold harmless the said church, its staff, its volunteers, the organizers, sponsors, and supervisors from any and all loss, injury, or other damage to us or the above-named minor arising out of any activities and trips endorsed by the said church. In case of injury or death to my (our) child, we hereby waive all claims against the said church, its staff, its volunteers, organizers, the sponsors, or any of the supervisors appointed by them. We likewise release from responsibility any persons transporting our child to and from the activities.

This released authorization shall remain in effect indefinitely and not expire, unless revoked in writing and delivered to the said church.

X _____		
Signature of Parent/Legal Guardian #1	Print Name	(Date)
X _____		
Signature of Parent/Legal Guardian #2	Print Name	(Date)
X _____		
Signature of Adult Witness	Print Name	(Date)

ACBC Youth Ministry-Medical Information, Treatment Authorization & Liability Release