



Medical and Liability Release Form

If the information herein should change while participating in youth events please update your child's release form.

Name _____ Age ____ D.O.B. ____/____/____

Address _____

City _____ State _____ Zip _____

Parent(s) Name _____

Home Phone (____)____-____ Work (____)____-____ x____ Cell (____)____-____

Insurance Provider _____ Policy # _____

Address of provider _____

Doctor Name _____ City _____ Phone (____)____-____

Alternate medical contact _____

Phone (____)____-____ Address _____

Liability Release

In the event of an emergency in which I am unable to be reached or immediate medical assistance is required I release Lake Bible Church to bill medical charges to my insurance provider. In addition I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, secure proper treatment, and/or injections, anesthesia, or surgery for my child as deemed necessary.

Every activity sponsored by Lake Bible Church is carefully planned and adequately supervised by mature adults. Even with the best planning and precautions, unforeseen events or accidents can occur. By signing this form, the below indicated parent, guardian, or legal representative of the child named herein signifies that he or she fully understands the church activity participated in and accepts all risks and hazards inherent in such church activity.

Further, the below indicated parent, guardian or legal representative of the child named herein agrees to hold harmless Lake Bible Church, its employees, or volunteer assistants from any and all liability for damages, losses or injuries to the person or property of any child named herein caused by acts or omissions amounting to simple negligence and to refrain from instituting any cause of action against any volunteer or person employed by Lake Bible Church of Lake Bible Church to recover losses, whether medical or otherwise arising from acts or omissions amounting to simple negligence in any court in the State of Oregon.

Signature _____

Printed Name _____

Notary

- Parent
- Guardian
- Legal representative

State of Oregon)
)ss.
County)

On This _____ day of _____, 2_____ appeared before me
_____ subscribing an oath that the aforementioned matters were read,
acknowledged, understood and upon signature agreeable.

Notary Public

My Commission expires:



Medical History & Illness Form

General Health Issues:

- Asthma Sinusitis Bronchitis Kidney Trouble Diabetes ADHD
 Heart Trouble Dizziness Stomach Upset Hay Fever Other

(list others) _____

Allergies:

- Food Related: _____
 Drug Related: _____
 Insect/Animal Related: _____
 Plant Related: _____
 Has EPI PEN?

Previous Operations, Serious Illness:

Current Medications:

Name:

Dosage:

Special Dietary Needs:

Childhood Diseases:

- Chicken Pox Measles Mumps Whooping Cough Other (list below)

Reminder:

Medications must be given to staff at the beginning of camp. Please provide any instructions for administering medications in writing. Staff person in charge of medical needs will administer all medications.