

MIDDLE SCHOOL - MEDICAL RELEASE

Eagle Christian Church (June 2011 – August 2012)

Contact Information:

Student Name _____ Birth date _____ Grade _____ (circle)
male or female
Address _____ City _____ Zip _____
Home phone (_____) _____ Student's cell phone (_____) _____
Parent(s)/guardian(s) full name(s) _____

Emergency Information:

In emergency notify _____ Relationship to minor _____
Emergency phone (_____) _____ Alternate phone (_____) _____
Doctor _____ City _____ Dr. Phone (_____) _____

Health/Insurance Information:

Allergies: _____
Epilepsy or other nervous disorder _____ Other _____
(i.e. include normal treatment of allergic reactions, etc.) Date of last Tetanus shot: _____
Name & dosage of any medications that must be taken: _____

Eagle Christian Church 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 child is in camp or a participant at an event/activity.

Insurance name _____ Policy/group number _____
Phone number (_____) _____ Address _____

In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by Eagle Christian Church to hospitalize, to secure proper treatment and/or order an injection, anesthesia or surgery for my child as deemed necessary.

Photo Release: *If you allow ECC to use your son/daughter's photograph, please disregard:

Check if you choose not to allow your son or daughter's photograph to be used by Eagle Christian Church.

Liability Release:

Eagle Christian Church events are well supervised and safe; however, no activity is without the possibility of unforeseen hazards. By signing this form, the parent, guardian or individual agrees to assume and accept all risks and hazards inherent in youth activities. They also agree not to hold Eagle Christian Church and/or its owners, agents, or employees liable for damages, losses, or injuries to the person(s) or property undersigned. The parents or guardians understand that they are signing for the minors listed on this form and that **the signature is for both a medical and liability release.**

Parent/ guardian signature _____ Date _____

Parent/guardian printed name _____