

NEXT:GEN - MEDICAL RELEASE FORM
Eagle Christian Church

Participant Contact Information:

Name _____ Birth Date _____ Grade _____
Gender _____ (M/F)
Address _____ City _____
Zip _____
Home phone (____) _____ Cell Phone (____) _____
Parent(s)/guardian(s) full name(s) _____

Emergency Information:

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

Health/Insurance Information:

Allergies or other pertinent medical information:

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 _____

Photo Release

If you **allow** ECC to use the participant’s photograph, please disregard:

Check if you choose **not** to allow the participant’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 participant** agrees to assume and accept all risks and hazards inherent in next:gen 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.**

I certify to the best of my knowledge, my child or myself is physically capable of participating in the activities described above and have the basic skills necessary to participate in the activities so that participation will not pose any undue risk to the participant’s health and safety or health and safety of others.

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

Participant Signature _____ **Date** _____

Parent/Guardian signature required for participants under the age of 18.

Parent/Guardian Signature _____ **Date** _____

Parent/Guardian Printed Name _____