

**Medical Liability Release Form**

Student's Name \_\_\_\_\_ M/F \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_ HS Grad year \_\_\_\_\_

Mother's Name \_\_\_\_\_ Best phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Best phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Best phone \_\_\_\_\_

Physician and/or clinic

\_\_\_\_\_ Phone# \_\_\_\_\_

**HEALTH HISTORY**

**ALLERGIES:**

Insect stings: Y/N

Food (be specific) \_\_\_\_\_

Drugs (name all) \_\_\_\_\_

**OTHER CONDITIONS:**

Heart condition: Y/N Chronic asthma Y/N Diabetes Y/N Seizures Y/N

Epilepsy Y/N Physical handicap Y/N

Hay fever Y/N Other Y/N

For any marked YES above, please describe in detail, i.e. include normal treatment of allergic reactions.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS:** Name, dosage and frequency of any medications that must be taken and for what reason?

\_\_\_\_\_  
\_\_\_\_\_

**OTHER:**

Any swimming restrictions? Y/N Any activity restrictions? Y/N

Any other health issues or restrictions we should be aware of?

\_\_\_\_\_  
\_\_\_\_\_

**INSURANCE INFORMATION**

Our church’s 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 son/daughter is on a church related activity.

Do you have health insurance? Yes No Name

\_\_\_\_\_
Policy # \_\_\_\_\_

*If you do NOT have health insurance, please fill out the additional medical insurance waiver on the last page*

**LIABILITY/MEDICAL RELEASE** – I am the parent/legal guardian of student \_\_\_\_\_, a minor, and have given consent for him/her to attend events being organized by STRiV. I understand that there are inherent risks involved in any ministry or athletic event. I voluntarily elect or accept and solely assume all risk of damages and injury incurred or suffered by the student named above while attending events organized by STRiV. By signing this form, the parent/guardian agrees not to hold STRiV or its employees or volunteer staff liable for damages, losses, or injuries to person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both medical and liability release. In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist elected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son/daughter as deemed necessary. I also agree to bring my child home at my expense should he/she become ill or if a student ministries staff member deem it necessary.

I ACKNOWLEDGE THAT I HAVE READ AND THAT I UNDERSTAND EACH AND EVERY ONE OF THE ABOVE PROVISIONS IN THIS WAIVER, CONSENT, RELEASE OF LIABILITY AND INDEMNIFICATION AGREEMENT AND AGREE TO ABIDE BY THEM.

\_\_\_\_\_
Parent/Guardian Signature

\_\_\_\_\_
Date

I agree that STRiV has the right to send my student home if behavior warrants it, and I will be responsible for his/her transportation.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**MEDICAL INSURANCE WAIVER**

\_\_\_\_\_ has no medical insurance. I,  
\_\_\_\_\_, agree to accept full responsibility for any medical expenses incurred as a result of an accident or injury that occurs during a STRiV sponsored youth activity.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date