

EL CAMPO CHURCH OF CHRIST MEDICAL FORM & RELEASE OF LIABILITY

Personal Information (print) ALL PARTICIPANTS MUST COMPLETE INFORMATION TO PARTICIPATE

NAME: _____

DOB _____ AGE _____ GENDER ___ MALE ___ FEMALE HEIGHT _____ WEIGHT _____

ADDRESS: _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ - _____ - _____ Email: _____

EMERGENCY CONTACT: _____ PHONE: _____

HEALTH INSURANCE COMP: _____ POLICY NUMBER: _____

Check Response that accurately describes your health history. Please explain any "Yes" answer.

- | | |
|---|--|
| YES NO | YES NO |
| <input type="checkbox"/> <input type="checkbox"/> Allergies: food, medicines, insects, plants | <input type="checkbox"/> <input type="checkbox"/> Hemophilia/bleeding disorder |
| <input type="checkbox"/> <input type="checkbox"/> Asthma/Respiratory problems/Have inhaler? | <input type="checkbox"/> <input type="checkbox"/> Hernia |
| <input type="checkbox"/> <input type="checkbox"/> High Blood Pressure/Heart trouble? | <input type="checkbox"/> <input type="checkbox"/> Cancer/Leukemia |
| <input type="checkbox"/> <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> <input type="checkbox"/> Convulsions/seizures/fainting spells |
| <input type="checkbox"/> <input type="checkbox"/> Kidney trouble | <input type="checkbox"/> <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> <input type="checkbox"/> Menstrual problems | <input type="checkbox"/> <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> <input type="checkbox"/> Serious illness/surgery in the past 12 months | <input type="checkbox"/> <input type="checkbox"/> Headaches |
| <input type="checkbox"/> <input type="checkbox"/> Emotional or mental problems | |

NOTE: The staff will not administer any type of medications, including aspirin, tums, tylenol, etc. If you need any over the counter medication, you must provide it. List any medications that you will have with you.

RELEASE OF LIABILITY AND USER INDEMNITY AGREEMENT FOR EL CAMPO CHURCH OF CHRIST

I hereby acknowledge that I, or my child, have voluntarily agreed to participate in the event(s) with El Campo Church of Christ involving camping and other church sponsored youth activities. I (or my child) am (is) fully capable of participating in the above activities and willingly assume the risk of natural obstacles, whether or not they are obvious. I understand and agree that any bodily injury, death, or loss of personal property and medical or other expenses thereof as a result of my child's negligence in any scheduled or unscheduled activities associated with this church sponsored program are my responsibilities. I hereby give consent for my child to participate in the program sponsored by the El Campo Church of Christ. I assure my child's cooperation and assume responsibility for my child's actions. In the event of an emergency, I authorize my consent to any X-Ray examination, medical, dental, or surgical diagnoses, treatment, and/or hospital care advised and supervised by a physician or dentist licensed to practice. I understand that my emergency contact will be notified as soon as possible. I agree to defend, indemnify, and hold harmless El Campo Church of Christ and all of their officers, members, affiliated organizations, agents, or employees for any injury or death caused by or resulting from my child's participation in the activities, scheduled or unscheduled, whether or not such injury or death was caused by my child's, or their negligence or from any other cause. THIS IS A RELEASE OF LIABILITY.

X _____

PARENT or GUARDIAN SIGNATURE

DATE