

Medical, Liability, and Info Release Form

For all PSUth Middle or High School activities (on or off campus)
occurring between
August 1, 2011 and July 31, 2012

Do not turn in unless completely filled out!

STUDENT NAME _____

STUDENT PHONE (_____) _____

ADDRESS

CITY _____ STATE _____ ZIP _____

BIRTHDAY ____/____/____ AGE _____ GRADE _____

SCHOOL _____

(VISITORS ONLY) FRIEND OF _____

HEALTH HISTORY AND INFORMATION:

Allergies: Insect Stings Drugs Hay Fever Other allergies

Other Conditions: Heart Condition Chronic asthma Epilepsy Diabetes Other

If you checked any of the above, please give details on the back of this sheet (i.e. include normal treatment of allergic reactions)

Date of last tetanus shot: _____ (REQUIRED!) Name and dosage of any medications that must be taken: _____

Any swimming or activity restrictions: No Yes (If "yes", explain)

DOCTOR _____

CITY _____

PHONE (_____) _____

(REQUIRED)

HEALTH INSURANCE

Do you have health insurance? Yes No (if "no" skip this section)

Insurance Company Name: _____

Insurance Company Phone#: (_____) _____

Policy Number: _____ Name of Insured
(usually head of household): _____

Place of Employment: _____

Employment Phone# :(_____) _____

Parent's/Guardian's Signature required below

MEDICAL 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 selected by the church leadership to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary.”

PHOTO AND INFORMATION RELEASE

“I hereby give permission for the use of pictures or video/audio recording of my child for the purposes of promoting and reporting PSUth events. I also give permission for use of pictures to be displayed on the PSC website.”

LIABILITY RELEASE Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precautions, unforeseen events can occur. Knowing this... “I agree to assume and accept all risks and hazards inherent in church-related social activities including off-site events. I also agree not to hold this church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. I understand that I am signing for the minor listed on this form and the signature is for medical, liability and photo/information release.”

Signature(s) of legal guardian(s) _____

Date ____/____/____ Date ____/____/____

Print Name(s) of legal guardian(s) _____

Relationship(s) of legal guardian(s) _____

Emergency Phone #(s): _____
