



Changing lives by sharing the love of Jesus and the good news of His saving grace - face to face, heart to heart.

MEDICAL CONSENT AND LIABILITY RELEASE FORM

Each **(East Brainerd church of Christ, Chattanooga, TN)** youth participant must complete all spaces on the Medical Consent and Liability Release Form, on the Authorization to Consent to Medical and Dental Care Form, and the Emergency Medical Information Form.

A PARENT OR GUARDIAN OF EACH PARTICIPANT UNDER 18 YEARS OLD MUST SIGN BOTH OF THE FORMS. These forms must be returned in order for the participant to attend the activities.

YOUTH'S NAME: _____ CELL PHONE: (____) _____

BIRTH DATE: ___/___/___ MALE ___ FEMALE ___ SS# _____

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

PARENT/GUARDIAN(S): _____

HOME PHONE: (____) _____ DAD CELL: (____) _____

MOM CELL: (____) _____ OFFICE: (____) _____

HOME ADDRESS (IF DIFFERENT): _____

BUSINESS ADDRESS: _____

HEALTH PLAN CARRIER: _____

CARRIER ADDRESS: _____

NAME OF INSURED: _____

POLICY HOLDER OR INSURANCE ID NUMBER: _____

FAMILY DOCTOR: _____ OFFICE PHONE: (____) _____

FAMILY DENTIST: _____ OFFICE PHONE: (____) _____

SECOND PARENT OR EMERGENCY CONTACT: _____

(If a relative, identify relationship)

HOME PHONE: (____) _____ CELL: (____) _____ OFFICE: (____) _____

Do any pre-certification, notification, or other requirements exist with respect to the health insurance of participant? If so, please specify:

I understand that the **(East Brainerd church of Christ)** Youth Activities for which this Medical Consent and Liability Release Form is being given may include:

Servant events, smaller groups, retreats and sport activities.

I hereby consent to participation of me, and/or my child in the above-described events. I have considered and understand the risks involved in the planned activities. I am aware that in addition activities such as Bible Study, worship, sight-seeing, using public transportation, and meal functions, in which the participant also may be asked to participate may involve risk, such as service projects, in addition to recreational activities.

I understand that I have a duty to provide primary accident and medical insurance for myself and for my child and I declare that my child and I are covered by primary accident and medical insurance.

I release and discharge, **(East Brainerd church of Christ)**, and its directors, trustees, officers, employees, and other representatives from any and all claim and causes of action for damages either at law or in equity that I may have as result of participation in, attendance at, and travel to and from the events or activities. Furthermore, I do hereby expressly agree to indemnify and hold forever harmless **(East Brainerd church of Christ, Chattanooga, TN)**, and its directors, trustees, officers, employees, and other representatives against loss from any and all present or future claims, demands, or actions in law or in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child on account of any injury, illness, physical condition, inconvenience or loss sustained by me or my child during any such event or activity or travel to and from the same.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

FOR PARTICIPANTS AGE 18 AND OVER (adult leaders, etc.):

Participant Signature

Date

FOR PARTICIPANT UNDER AGE 18:

Parent/Guardian of Participant
If Participant is under 18

Date

Witness



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AUTHORIZATION TO CONSENT TO MEDICAL AND DENTAL CARE

For Participants Under 18 years old:

(I) / (We), the undersigned parent(s) and/or legal guardian(s) of _____
SS# _____), a minor, do hereby authorize my child's Adult Leader (and/or any
other adult appointed or designated by him/her) to (1) consent to medical, surgical and dental care for such
minor child, (2) consent to any diagnostic tests, medical, surgical or dental procedure or treatment as may be
considered therapeutically necessary by the physician, surgeon, dentist or other health care personnel
providing care for such minor child, and (3) on (my) (our) behalf, to (a) employ physicians, surgeons,
dentists, nurses, and other health care personnel as may be deemed necessary for such minor child, (b)
admit such minor child to any hospital, clinic, emergency room, laboratory or other health care or
diagnostic facility for examination, treatment, surgery or care and (c) sign all necessary consents and
authorizations. It is understood that this authorization is given in advance of the occurrence of any
condition or situation which would necessitate any such medical, surgical or dental care being required but
is given to provide authority to obtain such care if it should be required. I fully understand the
consequences of the foregoing statements and sign this AUTHORIZATION TO CONSENT TO
MEDICAL AND DENTAL CARE knowingly, freely and willingly. (Your signature must appear below or
your child will not be permitted to participate.)

Signature: _____ Date: _____

Signature: _____ Date: _____

IN WITNESS WHEREOF, (I) / (WE) have executed this "Authorization to Consent to Medical and Dental
Care" this _____ day of _____ 20____.

Parent/Legal Guardian

Parent/Legal Guardian



**EAST BRAINERD
CHURCH of CHRIST**
Living water. Changed lives.

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EMERGENCY MEDICAL INFORMATION FORM

NAME OF PARTICIPANT _____

EMERGENCY AND HEALTH INFORMATION (To be completed by all participants)

General: Does participant have: (if "yes" explain)

_____ Yes _____ No ALLERGIES

_____ Yes _____ No HEART CONDITION

_____ Yes _____ No OTHER:

Is participant subject to: (if "yes" explain)

_____ Yes _____ No HEADACHES _____

_____ Yes _____ No SEIZURES _____

_____ Yes _____ No FAINTING? _____

_____ Yes _____ No SLEEP WALKING? _____

_____ Yes _____ No MOTION SICKNESS? _____

_____ Yes _____ No UPSET STOMACH? _____

_____ Yes _____ No OTHER? _____

Does participant have reaction to: (If "yes" explain)

_____ Yes _____ No BEE STING? _____

_____ Yes _____ No PENICILLIN? _____

_____ Yes _____ No OTHER DRUGS? _____

_____ Yes _____ No POISON IVY, OAK, SUMAC? _____

_____ Yes _____ No OTHER? _____

_____ Yes _____ No Has the participant had any serious illness or surgery within the past ten years?

Please list: _____

_____ Yes _____ No Does the participant have any condition that would prevent him/her from participating in any activities?

Please list: _____

_____ Yes _____ No Does the participant take any prescription medication?

Please list: _____

_____ Yes _____ No Are any drugs ineffective in treatment? _____

_____ Yes _____ No Is the participant diabetic? Medication? _____

_____ Yes _____ No Does the participant have any sight or hearing impairment?

_____ Yes _____ No Does the participant wear contact lenses?

Date of last tetanus shot:

A CURRENT TETANUS SHOT IS REQUIRED. After five years another tetanus shot is recommended.

Please indicate ANYTHING else that leaders should know to help avoid or deal with any medical situation that might arise: _____