



Valid thru 09/01/2012

MEDICAL AND LIABILITY RELEASE FORM

Name _____ Age _____

Address _____

City _____ State _____ Zip _____ Phone _____

Cell Phone _____ Birthday _____

Doctor Name _____ City _____ Phone _____

Alternate Contact _____

Address _____ Phone _____

HEALTH HISTORY

Allergies: ___ Insect stings ___ Drugs ___ Other allergies

Other conditions:

___ Heart condition ___ frequent colds ___ Chronic Asthma ___ Hay Fever

___ Epilepsy ___ Frequent stomachaches ___ Physical handicap ___ Diabetes

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

Last tetanus shot _____ or mark "Current" if accurate at date of Release

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 or daughter is on a church related activity.

Do you have health insurance? ___yes ___no

If yes, name _____ Policy Number _____

Address _____

LIABILITY RELEASE

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 as deemed necessary.

Every activity sponsored by Grace Chapel Church is carefully planned and adequately supervised. Even with the best planning and precautions, unforeseen events or accidents can occur. By signing this form, the below I fully understand the church activity participated in and I accept all risks and hazards inherent in such church activity.

Further, the below I agree to hold harmless Grace Chapel, its employees, or volunteer assistants from any and all liability for damages, losses, or injuries to the person or property of any child or children named herein caused by acts or omissions amounting to simple negligence and to refrain from instituting any cause of action against any volunteer or person employed by Grace Chapel of Grace Chapel to recover losses, whether medical or otherwise arising from acts or omissions amounting to simple negligence in any court in the State of Oregon.

Signature: _____