

2018
Central Christian Church
Liability and Medical Release Form

I/We the parents/guardians of _____ do hereby give permission for my/our child to attend and participate in the activities sponsored by **Central Christian Church** for the year 2018. I/We also forever discharge and agree to hold harmless Central Christian Church, the **ministers, youth coaches, and volunteers of Central Christian Church** from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses, of any nature whatsoever which may be incurred by the undersigned and the child-participant that occur while said child is participating in church activities during the year 2018.

I/We further authorize the **Youth Minister, or any youth coach**, in whose care the minor has been entrusted to consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

The undersigned shall be liable and agrees to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to this authorization.

Should it become necessary for my/our child to return home due to medical reasons, discipline problems, or other reasons, I/We shall assume all transportation costs.

The undersigned does also hereby give permission for my/our child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Central Christian Church.

Students Name _____ Age ____ Date of Birth _____

Address _____

City _____ State _____ Zip Code _____

School _____ Grade _____

Hospital Insurance Yes No

Insurance Company _____ Policy Number _____

Family Physician _____ Allergies _____

Medications _____

Existing Medical Conditions _____

Parent's Phone (home, cell, other) _____

Other Emergency Contact _____ Phone _____

Father/Mother/Legal Guardian _____ **date** _____