



Medical & Liability Release Form 2018-2019

Berean Baptist Church, 1574 Coit NE, Grand Rapids, MI 49505

Student Name _____

www.berean.org

Address _____ Date of birth ____/____/____
 City _____ ZIP _____ PHONE () _____

In case of an emergency notify:
 NAME _____
 PHONE () _____ relationship to student _____
 DOCTOR _____ PHONE () _____

HEALTH HISTORY:
 ALLERGIES: Insect stings Medications Other _____
 If checked any of the above, give details (including normal treatment) _____

OTHER CONDITIONS:
 Heart condition Frequent stomach upsets Frequent colds Hay fever Diabetes Epilepsy
 If checked any of the above, give details (including normal treatment) _____

DATE OF LAST TETANUS SHOT? ____/____/____

MEDICATIONS (list name and dosage of all medication):

Swimming Restriction? Y N Any activity restrictions? Y N
 If Yes, explain _____

INSURANCE
 Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for any medical charges in the case of illness or injury while your child is on a church-related activity.
 Do you have health insurance? Y N
 If yes, Insured's name _____
 Policy Number _____
 Insurance Company Name _____ PHONE () _____
 Address _____

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 child as deemed necessary.

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 precaution, unforeseen events can occur. By signing this form, I (parent or guardian) agree to assume and accept all risks and hazards inherent in church-related social activities, including transportation to and from such activities. I/We 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 (parent or guardian) understand that I am signing for the child listed on this form and the signature is both for a medical and liability release.

Parent/Guardian Signature _____ Date _____