

[Insert Church Name]
 Personal Information & Medical History / Release of Claims & Medical Authorization
 All Church Activities, Outings, Retreats, Mission Trips for [Insert Dates]

Legal Name: _____ Nickname: _____

Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____ Date of Birth: _____ Height: _____ Weight: _____

Please use the space below to detail and explain any condition about which our staff should be aware. Please attach any records or other details if necessary. Also, please note any medications that the individual must take or must have administered over the course the program, event or trip. Medications for children must be provided directly to our staff with explicit instructions regarding dispensation. All information provided will remain confidential.

<i>Allergy/Condition/Injury</i>	<i>Date Occurred</i>	<i>Description</i>
Physician Name: _____		Physician Phone Number: _____
Dietary Restrictions: Gluten-Free Lactose Intolerant Peanut/Tree Nut Allergy Vegan Vegetarian Other		

Insurance Information

Insurance Name: _____ Insurance Phone: _____

Group#: _____ Member ID#: _____

Primary Holder: _____ Date of Birth: _____

Employer: _____ Work Phone: _____

Prescription Insurance Information (if applicable)

Issuer Name: _____ Issuer Phone: _____

Rx Bin#: _____ Rx Grp: _____

Primary Holder: _____ ID#: _____

Emergency Contacts

Name: _____ Relation: _____ Home: _____ Cell: _____

Name: _____ Relation: _____ Home: _____ Cell: _____

Parent/Guardian Contact Information

Parent 1: _____ Relation: _____ Home: _____ Cell: _____

Parent 2: _____ Relation: _____ Home: _____ Cell: _____

I hereby release and discharge [Name of Church], together with any of its successors, assigns, employees or volunteers, from any and all losses, injuries, damages, or claims I have or may have in the future arising, directly or indirectly, in any way from my or my child's participation in any church activity, outing, retreat or mission trip during the [Insert Dates] program year.

I hereby indemnify and hold harmless [Insert Name of Church] and any of its successors, assigns, employees, or volunteers from any claims made against any or all of them arising, directly or indirectly, in any way out of my or child's participation in any church activity, outing, retreat or mission trip during the [Insert Dates] program year.

I hereby authorize [Insert Name of Church] or any of its employees or volunteers and any physicians, nurses, EMT personnel or hospital or emergency facility to provide or arrange for any medical services or treatment to me or my child for injuries or illnesses which may arise during the course of mission projects or trips during the program year [Insert Dates]

To be signed by parent/guardian if participant is under 18 years of age.

Name

Signature

Date