

**MEDICAL RELEASE FORM**  
**Northridge Church of Christ**  
**Youth & Family Ministry**  
**2014-2015**

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Age \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security # \_\_\_\_\_

**Emergency Contact Person**

Parent/Guardian Name (Full name) \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (Home) (\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_

**Alternate Contact Person**

Name \_\_\_\_\_

Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # (Home) (\_\_\_\_) \_\_\_\_\_ (Work) (\_\_\_\_) \_\_\_\_\_

If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.

Do you have health insurance \_\_\_\_\_ Yes \_\_\_\_\_ No

Name of Insurance company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

In whose name is the insurance? \_\_\_\_\_

Family Doctor \_\_\_\_\_ City/Town \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_

**Health History:**

Any pre-existing or present medical conditions (e.g., diabetes, asthma, allergies)

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Name and dosage of any medications that must be taken:

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Reactions to any medications? \_\_\_\_ Yes \_\_\_\_ No if so, which ones? \_\_\_\_\_

\_\_\_\_ Hay Fever    \_\_\_\_ Heart Condition    \_\_\_\_ Diabetes    \_\_\_\_ Insect stings

\_\_\_\_ Epilepsy    \_\_\_\_ Nervous Disorders    \_\_\_\_ Asthma    \_\_\_\_ Ulcers

\_\_\_\_ Physical Handicap (Specify: \_\_\_\_\_)

\_\_\_\_ Any major illnesses during the past year?

If any of the above are checked, please give details (e.g., normal treatment of allergic reactions)

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Date of last Tetanus shot \_\_\_\_\_ Contact lenses? \_\_\_\_\_

Any swimming restrictions? \_\_\_ Yes \_\_\_ No What? \_\_\_\_\_

Any activity restrictions? \_\_\_ Yes \_\_\_ No What? \_\_\_\_\_

**Parent Medical and Liability Release Statement:**

-I understand that in the medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by the youth minister or sponsors to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my student as deemed necessary.

-I understand all reasonable safety precautions will be taken at all times by the Northridge Church of Christ (Youth Ministry) and its staff during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Northridge Church of Christ (Youth Ministry), its ministers, leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by participation in any activities sponsored by the church.

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date \_\_\_\_\_