

Xenia Grace Chapel Student Ministries Liability & Medical Release Form



Please make a copy for yourself and then give this copy to the Student Ministries Team at Xenia Grace Chapel. Please be aware that this medical form is strictly confidential and will only be viewed by the necessary supervisors of the Student Ministries team for the purpose of any emergency or information needed for consent and safety of all students while they are under our supervision. If you have any questions please contact the church office @ (937) 372-7408 and ask for Evan Greathouse.

Participant

Name _____ Male Female

Address _____

City _____ State _____ Zip _____

email _____ Home Phone (_____) _____

Date of Birth _____

Health Insurance Company _____

Insurance Card: I will enclose a copy and attach it to this form
 I do not wish to enclose a copy with this form, but I will have copy of card with child at events

Is your child taking any medications? YES NO Name of Medicine _____

Times of Dosage (when it should be taken) _____

Parents/Legal Guardians Name (with whom you live) _____

Emergency Contact Info of Parent/Legal Guardian: Home Phone _____

Cell Phone _____ Parent(s) email _____

Person to notify if parent/legal guardian cannot be reached:

Name _____ Relationship _____ Phone _____

Please circle YES or NO to each question listed below. Again, this is confidential and only needed to help us ensure the safety of your teen at any youth events.

1a. Respiratory problems? Asthma? YES NO

If yes, do you carry an inhaler? YES NO

1b. Are they able to swim? YES NO

2. Neurological problems? Epilepsy? Migraines? YES NO

3. Diabetes? YES NO

If yes, do you use insulin and how often? YES NO

4. Cardiac problems? YES NO

If yes, please list _____

5. Knee, hip, ankle, shoulder, arm, or back injuries/operations? YES NO

If yes, please circle body part and list date of injury. _____

6. Any allergies? If yes, please specify. YES NO _____

7. Allergic to insect bites or bee stings? YES NO If yes, do you carry an epinephrine pen? YES NO

8. Food allergies? Dietary restrictions? Vegan? Vegetarian? YES NO

If yes, please specify.

9. Allergic to any medications? YES NO If yes, please list medication and symptoms:

10. Any additional medical needs? _____

Date of Last Tetnis Shot Month _____ Year _____

To complete this form both the consent and release sections need to be completed.

AUTHORIZATION OF CONSENT

I hereby certify that my/our child is in good health to participate in all functions of the Student Ministries of Xenia Grace Chapel and that all of the above information is true and accurate. **By signing below, I also give consent that in the event of an accident or illness my child CAN receive any medical attention as determined by a medical provider. While effort would generally be made by our staff, if in the event I could not be contacted by the below information I will allow the medical provider to treat the injury as they determine.** I also understand it is my responsibility to keep the information on this form updated if there are any changes necessary.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Non-Consent

I do not desire to sign this authorization and understand that this will prohibit my/our child from receiving any medical attention in the event of an accident or illness.

Print Name of Parent/Guardian

Signature of Parent/Guardian

RELEASE

In consideration of my/our child's participation in Student Ministries of Xenia Grace Chapel activities I do hereby Release and Hold Harmless Xenia Grace Chapel Student Ministries, Xenia Grace Chapel, its officers, employees, members, volunteers, denomination, contractors and assigns from any and all claims, demands, costs, liabilities, causes of actions of whatsoever kind. I further understand and assume the risk for all activities, including transportation to and from, as well as activities at other locations. I knowingly and voluntarily execute this Release as indicated by my signature below.

Print Name of Parent/Guardian

Signature of Parent/Guardian

