

**Grade:**  
**Yucaipa Christian Church**  
**Youth Medical Release Forms**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_ City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

Are there any medical restrictions (medications, etc.) activity restrictions or allergies?: \_\_\_\_\_

If yes, please explain and indicate nature and extent: \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian: \_\_\_\_\_ Phone (home): \_\_\_\_\_

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

In Emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

*PARENTS – Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church-related activity.*

Do you have health insurance? \_\_\_\_\_ YES \_\_\_\_\_ NO

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

**MEDICAL RELEASE**

**“In the event that I cannot be reached in an emergency during any youth event that my child participates in, I hereby give my permission to the physician or dentist selected by the church leadership to secure proper intervention, X-ray examination, medical or surgical diagnosis and treatment, anesthesia and hospitalization for my son or daughter 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 the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or it's employees or volunteer assistants liable for damages, losses or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Parent or Guardian's signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

Valid from January 1, 2005 to December 31<sup>st</sup> 2005 (or dates specified) \_\_\_\_\_