



August 31, 2014 - August 31, 2015

# Youth Medical & Liability Release Form

Youth's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Sex \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_

**EMERGENCY CONTACT PERSON:**

Parent/Guardian Name(s) \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Number \_\_\_\_\_

E-Mail address (to use for announcements or contacts) \_\_\_\_\_

**ALTERNATE CONTACT PERSON:** (Use someone near the primary contact)

Name \_\_\_\_\_ Relationship to Youth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Cell Number \_\_\_\_\_

**INSURANCE INFORMATION:**

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 (Please circle)

Insurance Company Name \_\_\_\_\_

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

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

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

Phone Number \_\_\_\_\_

**TURN OVER**

**HEALTH HISTORY**

Name and dosage of any medications that must be taken:

Any Allergies? \_\_\_\_\_ To Medications: \_\_\_\_\_

\_\_\_\_\_ Hay Fever \_\_\_\_\_ Heart Condition \_\_\_\_\_ Diabetes \_\_\_\_\_ Insect Stings \_\_\_\_\_ Asthma

\_\_\_\_\_ Frequent Stomach Upsets \_\_\_\_\_ Epilepsy/Nervous Disorders \_\_\_\_\_ Physical Handicap

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

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

Date of Last Tetanus Shot \_\_\_\_\_ Contact Lenses? Yes No (Please circle)

Any swimming restrictions? Yes No What? \_\_\_\_\_  
(Please circle)

Any activity restrictions? Yes No What? \_\_\_\_\_  
(Please circle)

**LIABILITY RELEASE STATEMENT**

I understand that all reasonable safety precautions will be taken by the Bible Fellowship Church of Ephrata and its agents during Youth Group. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold the Bible Fellowship Church of Ephrata, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by the Bible Fellowship Church through its accident policy will be used as a backup for what my family's insurance does not cover. I understand that in the event medical intervention is needed, every attempt will be made to contact the emergency contacts listed on this form. In the event I cannot be reached in an emergency, I hereby give my permission to secure medical treatment for my child as deemed necessary.

\_\_\_\_\_ I have read the above permission form and agree.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of Student \_\_\_\_\_ Date \_\_\_\_\_  
(if over 18 years of age)

**PROMOTIONAL RELEASE STATEMENT**

I and cosigned parent/legal guardian hereby consent to the use of any videotape, photographs, slides, audiotapes, or any other visual or audio reproduction in which I may appear in promotional materials for BFC of Ephrata. I understand that these materials are being used for recruitment and fund-raising efforts.

I release BFC of Ephrata from any liability connected with the use of my picture or voice recording as part of any promotional, recruitment, or fund-raising program.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(if youth under 21)