

# MEDICAL/LIABILITY RELEASE FORM

## Skyline Baptist Church - 3451 Liberty St., North Bend, OR 97459

Phone: (541) 756-3311 - Fax: (541) 756-8879 - Youth email: skylineyouth@yahoo.com  
Rev. David Woodruff, Senior Pastor - Pastor Brett Siegalkoff, Associate Pastor - Pastor Mike Johnston - Youth Pastor

NAME \_\_\_\_\_ Date of Birth \_\_\_\_\_

ADDRESS \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Student's E-mail Address \_\_\_\_\_

Grade in School \_\_\_\_\_ School Attending \_\_\_\_\_

**EMERGENCY CONTACT:** (NAME) \_\_\_\_\_

Phone \_\_\_\_\_

DOCTOR \_\_\_\_\_ City/Phone \_\_\_\_\_

### **HEALTH HISTORY:**

Allergies  Insect Stings  Drugs  Other

OTHER CONDITIONS WE NEED TO BE AWARE OF: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

Date of last tetanus shot: \_\_\_\_\_ Medication being taken \_\_\_\_\_

Any swimming restriction?  YES  NO Activity restrictions?  YES  NO

Explain:

\_\_\_\_\_

**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/daughter is on a church related activity.**

Do you have health insurance?  YES  NO

If yes, NAME \_\_\_\_\_ POLICY # \_\_\_\_\_

ADDRESS \_\_\_\_\_

"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the Co-op member to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my son or daughter as deemed necessary."

**LIABILITY RELEASE** *Signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in Co-op related social activities. They also agree not to hold the church, Co-op or its members liable for damages, losses, or injuries to the person or property under-signed. 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

**Valid from August 2010 - August 2011**