theHeart Youth

Medical Release & Liability Waiver

Medical Release

Youth's Name: _____

Date of birth: _____ Sex: _____

Address: _____

Allergies:_____

Other medical conditions:_____

Physician: _____

Office phone: _____

Medical and/or hospital insurance company:_____

Phone: _____

Policy Holder: _____

Policy #: _____ Group #:_____

Emergency Contacts

Parent/Guardian

Name: _____ Phone: _____

Parent/Guardian

Name: _____ Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name, Relation: _____

Phone: _____

Name, Relation: _____

Phone: _____

Permission for Treatment

I hereby give consent in advance to the designated Youth Retreat Leaders of theHeart and to the physicians or hospitals selected by them to render first aid treatment or deny treatment as in their judgment is reasonably necessary, including, but not limited to, hospitalization, diagnosis including taking specimens, and x -rays, giving blood transfusions, and medications, anesthesia, and surgery for my dependent listed above. I understand that the Youth Retreat Leaders of theHeart will attempt to contact me before securing medical treatment, but that this consent is given in case I am not available in an emergency.

PARENT/GUARDIAN:
(print & sign) _____Date_____

Liability Waiver

The undersigned or a member of the immediate family of the undersigned realizes that the participant may incur personal injury or bodily damage while participating in such activities, and acknowledge that the church, its directors, employees, or any other parties volunteering on behalf of the church, shall be held harmless from all actions, claims, costs, expenses or damages of any kind, growing out of or related to any activities of the church. The undersigned or a member of the immediate family of the undersigned further acknowledges this is a full and complete release for all injuries and damages which the participant may sustain as a result of participating in any church activity. I release all Youth leaders and staff affiliated with theHeart from any and all claims, loss, cost, damage, or expense arising out of or from any accident or other occurrences causing injury to any person or property.

I, _____, being the legal guardian of _____
give my permission for him/her to participate in church sponsored activities.

PARENT/GUARDIAN:
(print & sign) _____Date_____