

# JCC Medical and Liability Release 2011

Name of Student \_\_\_\_\_ Age \_\_\_\_\_  
Date of Birth \_\_\_\_\_ School grade \_\_\_\_\_ Sex \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Student Email \_\_\_\_\_

Parent/Guardian name \_\_\_\_\_  
Address (if different than student) \_\_\_\_\_  
\_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ Parent Email \_\_\_\_\_  
Work Phone (\_\_\_\_\_) \_\_\_\_\_  
Mobile Phone (\_\_\_\_\_) \_\_\_\_\_  
Medical Insurance Yes \_\_\_\_\_ No \_\_\_\_\_  
Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Please list any allergies, medicines, or special medical problems your child may have/take. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We attend a local church:  Regularly (most weeks)  Rarely (few times a year)  Never (or almost never)

I understand that this medical and liability release covers all Jenison Christian Church activities in 2011. I understand that authorization and permission is hereby given to Jenison Christian Church to furnish any necessary transportation, food and lodging for this participant. I hereby give permission for my child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Jenison Christian Church. Further, should it be necessary for the participant to return home due to medical reasons, disciplinary action or otherwise, I hereby assume all transportation costs.

I understand that in the event medical intervention is needed, a reasonable attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. Coverage by Jenison Christian Church through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand that reasonable safety precautions will be taken at all times by the Jenison Christian Church and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Jenison Christian Church, its leaders, employees, and volunteers liable for damages, losses, diseases, or injuries incurred by the subject of this form.

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

**Signature of Student (if over 18)** \_\_\_\_\_ **Date** \_\_\_\_\_