

CHILDREN'S MEDICAL RELEASE FORM
Home of Christ Church in Saratoga, CA 95070 (revision 4/12/2018)

STUDENT INFORMATION

Name: _____ Male Female
Address: _____
City, St, Zip _____
Home Phone: _____ Cell Phone: _____
Age _____ Date of Birth ___/___/___ Grade in school _____ Email _____
Uniform Needed? Y / N (Office use only: Uniform Size _____ Fee Paid _____)

PARENT/GUARDIAN INFORMATION

Mother's name _____ Day Phone _____ Evening Phone _____
Father's name _____ Day Phone _____ Evening Phone _____
Emergency contact _____ Day Phone _____ Evening Phone _____
Physician _____ Office Phone _____
Dentist _____ Office Phone _____
Medical Insurance Company _____ Policy Number _____

MEDICAL HISTORY

If necessary, describe in detail the nature and severity of any physical and/or psychological ailment, illness, propensity, weakness, limitation, handicap, disability, or condition to which your child is subject and of which the staff should be aware, and what, if any action of protection is required on account thereof. Submit this notification in writing and attach it to this form. Include names of medications and dosages that must be taken.

Check the following areas of concern for this student:

1. Does your child have allergies to: pollens medications food insect bites
(If you checked a box, please list allergies below)

2. Does your child suffer from, or has ever experienced, or is being treated currently for any of the followings:
asthma epilepsy/seizure disorder heart trouble diabetes frequently upset stomach
physical handicap

3. Should this child's activities be restricted for any reason? Please explain:

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RULES OF CONDUCT

For your protection we expect each student to conform to these rules of conduct:

- No possession of use of alcohol, drugs or tobacco
- No fighting
- No weapons, fireworks, lighters or explosives
- No offensive or immodest clothing

We do expect you to:

- Participate with the group
- Respect the property
- Respect one another as well as the staff and all adult leaders
- Respect and comply with event schedules

Students who fail to comply with these expectations may be sent home with their parents at their parents' expense.

I, the student have read the rules of conduct, the evaluation of my health and permission to participate in the group activities. I agree to abide by the stated personal limitations and rules of conduct.

Student Signature: _____ Date _____

Parent/Legal Guardian Signature: _____ Date _____

This consent form gives permission to seek whatever medical attention is deemed necessary, and release HOC4 and its staff and volunteers of any liability against personal losses of named child/youth.

I/We the undersigned have legal custody of the student named above, a minor, and have given our consent for him/her to attend events being organized by HOC4. I/We understand that there are inherent risks involved in any ministry of athletic event, and I/We hereby release HOC4, its pastors, employees, agents, and volunteer workers from any and all liability for any injury, loss of damage to person or property that may occur during the course of my/our child's involvement, In the event that he/she is injured and requires the attention of a doctor, I/We consent to any reasonable medical treatment as deemed necessary by a licensed physician. In the event treatment is required from a physician and/or hospital personnel designated HOC4, I/We agree to hold such person free and harmless of any claims, demands, or suits for damages arising from the giving of such consent. I/We also acknowledge that we will be ultimately responsible for the cost of any medical care should the cost of that medical care not be reimbursed by the health insurance provider. Further, I/WE affirm that the health insurance information provided above is accurate at this date and will, to the best of my/our knowledge, still be in force for the student named above. I/We also agree to bring my/our child home at my/our own expense should they become ill or if deemed necessary by the student ministries staff member.

Parents/Legal Guardian Signature: _____ Date: _____