

ALL STUDENTS, STAFF, AND PARENTS MUST FILL OUT AND RETURN THIS FORM BEFORE EVENTS

Full Name: _____

Home Address: _____

Age: _____

Grade: _____

Parents: _____

Gender: [] Male [] Female

Medical Information

Doctor: _____

Dr Phone: _____

Known Allergies/Medical Conditions

Insurance Company:

Insurance #:

Phone:

Other Information

Emergency Contact: _____
 Phone: _____

Special notes: _____

I/we the parents or legal guardian of _____ authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care which is deemed advisable by, and is to be rendered under the general or special supervision of any licensed medical personnel on staff of any licensed hospital, clinic, or emergency medical facility. This authorization is given in advance of any specific diagnosis, treatment, or hospital care required, but is given to provide authority and power to render care, which is deemed advisable in the best judgment of the attending physician or EMT. I/we hereby waive and release the King's Orchard church of Christ, TGYM, YouthImpact and all associated parties from any liability for any injury or illness incurred while attending all church services and youth group activities. I/we assume responsibility for expenses resulting from injury, illness, or accident incurred during the event.

(Parent or Guardian Signature) **(Date)**

(Parent or Guardian Printed Name) Signature of Receiver

I agree that my child can be transported to church services and youth group events in the United States.

[] I agree [] I decline Initials: _____