



2009 Emergency Medical Information

****This release is valid for the entire 2009 calendar year. It only needs to be filled out once for all off-site High School Ministry activities.****

Name: _____ Age: _____ Date of Birth: _____

Address: _____

City, State, Zip _____ Home Phone: _____

Gender: Male Female School _____ Grade _____

Father's Name _____ Home # _____ Work # _____

Mother's Name _____ Home # _____ Work # _____

In case of emergency, please contact: (please list two contacts other than parents)

Name _____ Relationship _____ Phone # _____

Name _____ Relationship _____ Phone # _____

Doctor's Name _____ Phone # _____

Insurance Company _____ Phone # _____

Group Number: _____ Membership Number: _____

Health History

HAS HAD:

- An attack of appendicitis Yes / No
- Asthma or hay fever Yes / No
- Hernia (rupture) Yes / No
- Diabetes Yes / No
- Do you take insulin? Yes / No
- Poliomyelitis Yes / No
- Heart trouble Yes / No
- Severe allergies Yes / No
- Scarlet fever Yes / No
- Other: _____

IS SUBJECT TO:

- Sinus trouble Yes / No
- Fainting spells Yes / No
- Ear trouble Yes / No
- Convulsions Yes / No
- Poison Ivy, Oak or Sumac Yes / No
- Reaction to Penicillin Yes / No
- Nervousness or easily upset Yes / No
- Car/plane/bus sickness Yes / No
- Other: _____

- Are your activities restricted due to medical reasons? Y / N
- Are you under medical care requiring medication? Y / N
- Are you currently taking any medication? Y / N

Do you have any medical and/or behavioral conditions that require special attention, care, or medication? Y / N

If you answered yes to any of the above, please explain:

In the event that _____ (participant name) becomes ill or sustains injury while in the care of, or under the supervision of Lake City Community Church, any of its leaders are given permission to administer first aid for his/her relief. If it is not practical to return home or to receive his/her instructions for care, consent is hereby given to admit him/her to any hospital. Consent is also given to any licensed physician and/or surgeon called, or to whom he/she is taken for treatment by them, to administer such treatment, drugs and medicines, and to perform surgical procedures as the existing emergency requires for the relief of pain and to preserve life and health. Authorization is also given for such other measures or procedures as may be required.

Date: _____ Signature: _____

Parent's signature required if participant is under 18 years of age

(All information must be completed on both sides)



2009 Release of Lake City Community Church

I, _____ hereafter referred to as Releasor, execute this Release.
(Parent, please print)

Party Released

This Release is made in favor of Lake City Community Church, located at 6000 Ramsey Rd., Coeur d'Alene, Idaho, hereafter referred to as Releasee. This Release includes all officers, directors, agents and employees of Releasee, as well as Releasee's successors, assigns, heirs and legal representatives.

Consideration

The consideration for this Release is the permission given to Releasor to participate in the following activities sponsored by the Releasee.

Activities: Swimming, hiking, rock climbing, skateboarding, water slides, snow & water skiing, snowmobiling, sledding/tubing, all sports, and all other youth group activities for the year 2009.

Release Binding

This Release binds not only Releasor with regard to any claims arising from participation in this activity, but also Releasor's successors, assigns, heirs and legal representatives.

Claims Released

Releasor releases Releasee from any and all claims for loss or damage, including personal injury or death, whether or not caused by Releasor's negligence, while participating in this activity.

Invalidity

If any portion of this Release shall be held invalid under the laws of the State of Idaho those parts that are not held invalid shall continue in full force and effect.

Contact and Extreme Sports

Contact/Extreme sports present an inherent danger of physical injury resulting from participation in the activity. **Lake City Community Church cannot assume that liability. Signing this form acknowledges the participant, his /her heirs, and legal representatives releases Lake City Community Church with regard to any claims arising from participating in any of these activities for the year 2009.**

_____ Initial here if you do not want photographs/video of your student on the Lake City Community Church Website and/or in promotional material.

The Releasor has signed this Release on the _____ day of _____, 20____.
(date) (month) (year)

(Print Name of Youth)

(Signature – if over 18)

(Print Name of Parent or Guardian)

(Signature)

(All information must be completed on both sides)