



# NCC JR. HIGH (Medical and Liability Release Form)

STUDENT'S NAME \_\_\_\_\_

AGE \_\_\_\_\_ SEX \_\_\_\_\_ D.O.B. \_\_\_\_\_ INCOMING GRADE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT'S E-MAIL ADDRESS \_\_\_\_\_

PARENT'S PHONE NUMBER ( \_\_\_\_\_ ) \_\_\_\_\_  
In case above number does not answer please notify:

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

DOCTOR \_\_\_\_\_ PHONE \_\_\_\_\_

## HEALTH HISTORY

Allergies:  Insect stings  Drugs (type \_\_\_\_\_) Other: \_\_\_\_\_

Other Conditions:  Heart Condition  Frequent Colds  Chronic Asthma  Diabetes \_\_\_\_\_

Hay Fever  Frequent Stomach Upsets  Epilepsy  Physical Handicap  Other: \_\_\_\_\_

If you checked any of the above, please give details, (i.e. include normal treatment of allergic reactions)

Date of last tetanus shot: \_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_

Any swimming restrictions:  Yes  No Any activity restrictions:  Yes  No

What restrictions? \_\_\_\_\_

**Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church related activity.**

Do you have health insurance?  Yes  No **If you DO NOT have health insurance please fill out the additional medical insurance waiver on the bottom of this form.**

Name and Address \_\_\_\_\_

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

*"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order and injection, anesthesia, or surgery for my son or daughter as deemed necessary."*

## Liability Release

*Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in church related activities. They also agree not to hold this church or its employees or volunteer staff liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.*

Parent or Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

**Valid from: June 4, 2007 - Through: June 22, 2009**

## Medical Insurance Waiver (Only for those w/o insurance)

**Valid from: June 4, 2007 - through June 22, 2009**

\_\_\_\_\_ has no medical insurance. I/we, \_\_\_\_\_ accept full responsibility for any

*Student's Name* \_\_\_\_\_ *Parent or Legal Guardian* \_\_\_\_\_

medical expenses incurred as a result of an accident or injury that occurs during a North Coast Church sponsored youth activity.

Signature \_\_\_\_\_

Date \_\_\_\_\_