

Safe Ministries Team
-MEDICAL INFORMATION FORM-
Valid from September 1, 2017 - August 31, 2018

PERSONAL INFORMATION

Participant Name _____ Date of birth _____

Address _____ City _____ State _____ Zip _____

MEDICAL INFORMATION

Family physician _____ Phone _____

Medical insurance company _____ Policy # _____

Please list all medical conditions and allergies, including those requiring maintenance medication (e.g. diabetic, asthma, seizure disorder). If *no* medical conditions or allergies, please initial here: _____.

If you prefer not to disclose medication information, please initial here: _____.

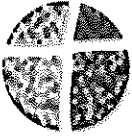
Medication	Dosage	Freq. of dosage	Reason for Medication

List any allergies to medications, food or other _____

Date of most recent tetanus toxoid booster _____

EMERGENCY CONTACTS:

<u>Primary:</u>	<u>Secondary:</u>
Name _____	Name _____
Address _____	Address _____
Home Phone _____	Home Phone _____
Cell Phone _____	Cell Phone _____



Safe Ministries Team
-MEDICAL INFORMATION FORM-
Valid from September 1, 2017 - August 31, 2018

PARTICIPATION AGREEMENT

I acknowledge that participation in any activity involves risk to the participant (and to the participant's parents or guardians, if the participant is a minor), and may result in various types of injury including, but not limited to, the following: sickness, bodily injury, death, emotional injury, personal injury, property damage, and financial damage.

In consideration for the opportunity to participate in the activity, the participant (or parent/guardian if the participant is a minor) acknowledges and accepts the risks of injury associated with participation in and transportation to and from the activity. The participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during the activity or during transportation to and from the activity, as well as for any medical treatment rendered to the participant that is authorized by Immanuel CRC or its ministry coordinator, employees, volunteers, or any other representatives. Further, the participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless Immanuel CRC and/or the sponsor coordinator for any injury arising directly or indirectly out of the described activity or transportation to and from the activity, whether such injury arises out of the negligence of Immanuel CRC, the participant, or otherwise.

STATEMENT OF MEDICAL RELEASE

I, who by law may do so, authorize the administration of emergency medical treatment to he/she who is subject of this form. I understand all reasonable safety precautions will be taken at all times by Immanuel Christian Reformed Church and its agents to avoid accident, injury and disease, and I will therefore not hold Immanuel Christian Reformed Church or its agents liable for any accident, injury or disease incurred by the subject of this form. We also assume responsibility for all medical bills. I understand that in the event medical intervention is needed every attempt will be made to contact the person(s) above immediately.

Parent/Guardian Signature _____ Date _____
 (participant and/or parent/guardian if participant is a minor)

Home Phone _____ Cell phone _____

PLEASE CIRCLE ALL MINISTRIES THIS CHILD IS INVOLVED IN THIS SCHOOL YEAR:

- Sunday School (Grades K-5) / Higher Ground (Grades 6-12) / GEMS (Grades 2-6) /
 Cadets (Grades 3-8) / ET (Grades 6-8) / Crossroads (Grades 9-12)**