

## New Hope Community Church

### MEDICAL INFORMATION & LIABILITY RELEASE FORM

Name \_\_\_\_\_ Home Phone \_\_\_\_\_ M/F \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Birth date \_\_\_\_\_ Grade \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Mother's/Guardian's Name \_\_\_\_\_ Day Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Dr. Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Health History:

_____ Allergies	_____ Hay Fever	_____ Frequent Colds	_____ Asthma
_____ Epilepsy	_____ Insect Stings	_____ Heart Condition	_____ Nerves
_____ Physical Handicap	_____ Frequent Upset Stomach	_____ Other	

If any of the above are checked please give details (Incl. normal treatment of allergic reactions)

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Date of last tetanus shot: \_\_\_\_\_ Name & dosage of medications that must be taken (list below)

Swimming restrictions: \_\_\_\_\_ Activity restrictions \_\_\_\_\_ What \_\_\_\_\_

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This authorization is in effect from the date below until **8-31-2010**.

#### **Authorization to Treat Minor**

In the event I cannot be reached in an emergency, I (we) the undersigned parent, parents or legal guardian, of \_\_\_\_\_ do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis and treatment and emergency hospital care which is deemed advisable by and is to be rendered under the general or specific supervision of any member of the medial staff and emergency room staff licensed under the provision of the Medicine Practice Act and on the staff of an acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care which the aforementioned physician in the exercise of his best judgment may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached. This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.

#### **Liability Release**

The programs and activities for New Hope Community Church AKA (FBCS) have been designed with your child's safety in mind. However, no activity is without the possibility of unforeseen hazards. Certain activities such as gym, related sports, team competition, bus trips and other related church activities have the inherent possibility of risk; therefore, NHC wishes to alert parents/guardians. By signing this form the parents, guardians or individual agrees to assume and accept all risks and hazards inherent in these activities. They also agree not to hold NHC and/or its staff or volunteers liable for damages, losses or injuries to the person (s) or property undersigned. The parents and guardians understand that they are signing for the minor listed on this form and that the signature is for both the Authorization To Treat A Minor and the Liability Release.

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

By my signature above, I hereby give my permission for New Hope Community Church AKA (FBCS), its staff and volunteers to transport the above-named student via church bus, volunteer van or automobile to and from any church-sponsored event. When the above-named student attends any church-sponsored event, I understand that NHC will interpret that I have given my permission for them to attend.