

**Kindred Community Church
Medical Consent and Release of Liability Form**

Name: _____ DOB: _____
Address: _____ City/Zip: _____
Home Phone: _____ Parent/Guardian Work Phone: _____
Other numbers where you may be reached: _____
Name and Address of Insurance Co: _____ (Make copy of card)
Policy Number: _____
Name of Policy Holder: _____
Name of person insured: _____

Medical History

Immunizations: Tetanus: _____ Polio Booster: _____ Measles: _____ Mumps: _____
(last year received)

Illnesses: ___ Asthma ___ Sinusitis ___ Bronchitis ___ Kidney Trouble
 ___ Heart Trouble ___ Diabetes ___ Blood Disorder ___ Dizziness
 ___ Hay Fever ___ Chronic Nausea

Other illness or physical limitations: _____

Medications _____
Allergies: Food _____ Medications _____
Insect Stings/Bites _____ Poison Ivy/Oak/Sumac _____
Family Physician _____ Phone _____

Person to notify in case of an emergency (other than parent/guardian)
Name _____ Phone _____

I give my child, _____, permission to participate in Kindred Community Church activities. I agree to indemnify, to exonerate and to hold harmless the Kindred Community Church, the Kindred Community Church staff and the Kindred Community Church sponsors against loss, damage or expense by reason of suits, claims, demands, judgments and causes of action for personal injury, death or property damage arising out of any Kindred Community Church activity. I agree to pay for any destruction caused by my child requiring any monetary compensation. Also, I accept financial responsibility for any medical treatment to others caused by my child in a willfully dangerous/destructive manner. I accept the responsibility to update the church staff and the medical release form on file of any medical change in my child. In the event of injury or illness requiring medical services, I give permission for the medical services and/or anesthesia to be secured for my child's well being at my own expense by the Kindred Community Church Staff or Sponsors.

Student's Agreement to Guidelines Above (Signature): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____