



Sunday School 2009

CONFIDENTIAL

General Medical-Liability Release

Children's **Last** Name(s): _____ Date: _____

U of G Parent(s): _____ I am the legal guardian for the children

listed below

Please provide the following information about the child(ren)'s legal guardian.

Name: _____ Phone (Day): _____

Address: _____ Phone (Eve): _____

City/State/Zip: _____ Phone (Cell/Pager): _____

In case of emergency, please contact:

1. Name: _____ Relationship: _____

Phone: _____ Phone: _____

2. Name: _____ Relationship: _____

Phone: _____ Phone: _____

Insurance Company: _____ Group #: _____ Policy #: _____

Family Physician: _____ Phone: _____

Name of Minor	Age	Birth Date	Date Last Tetanus Shot	Epilepsy Y / N	Diabetes Y / N	Asthma Y/N	Describe allergies and effects, including allergies to medications

Other conditions (specify): _____ Child: _____

Current medications: _____ Child: _____

I certify that my child(ren) are in good health and able to participate in all normal activities: Yes No

If no, what are the limits to _____'s participation? _____
CHILD'S NAME

I authorize any and all necessary medical attention and first aid required, if such need arises, for the above mentioned minor(s) which I shall pay for unless covered by insurance. I agree to indemnify and hold harmless group leaders and teachers, or any other representative of the church, or the church itself, in the event of sickness or accident involving my son(s) and/or daughter(s) no matter how caused.

Parent/Guardian Signature: _____ Date: _____

MOTHER

Parent/Guardian Signature: _____ Date: _____

FATHER