

Southwest Community Church
(ONLY SECONDARY INSURANCE SUPPLIED BY SOUTHWEST COMMUNITY CHURCH)
MEDICAL AND LIABILITY RELEASE FORM
(Please Print Legibly)

NAME _____ BIRTHDAY _____ MALE ___ FEMALE ___
(Print Last Name) (First Name)

ADDRESS _____ CITY _____

STATE _____ ZIP _____ PHONE # _____ EMAIL _____

IN EMERGENCY NOTIFY (Parent or Guardian) _____

AT THIS # _____

IF PARENT OR GUARDIAN IS UNAVAILABLE, CONTACT _____ PHONE # _____

FAMILY DOCTOR _____ PHONE # _____

List any allergies or physical conditions that might cause concern: _____

Please give details (include normal treatment of allergic reactions) _____

Date of last tetanus shot: _____ Name and dosage of any medications that must be taken: _____

Any activity restrictions: Yes ___ No ___ What restrictions: _____

If your child should require medical attention at this event for injuries received or illnesses contracted prior to coming to this event, please give us the information necessary to give your child proper medical service during this event.

S.C.C. insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your child is on this event. Do you have health insurance?
(Check One) Yes ___ No ___ Please give the name and address of insurance company if "Yes."

Insurance Co _____ Policy Number _____

Address _____ Main Insured's Social Security # _____

MEDICAL RELEASE:

In the event I cannot be reached in an emergency during the event dates as shown on this form, I hereby give my permission to the physician or dentist selected by Southwest Community Church to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary. The signature of the parent or guardian below is intended to serve as a medical release.

LIABILITY RELEASE AND HOLD HARMLESS AGREEMENT:

I hereby remise, release, and forever discharge Southwest Community Church, its agents, servants, and all other persons, firms, and corporations whomsoever of and from any and all actions, claims and demands, whosoever which claimant now has or may hereafter have on account of or arising out of any accident, casualty and/or event which might happen while on any event sponsored by Southwest Community Church

Signature of parent or Legal Guardian _____ **Date** _____

Phone Number _____ Cell Phone _____