

# Bridges

COMMUNITY CHURCH  
MEDICAL and LIABILITIES RELEASE FORM

Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_  
 (Print last name) (Print first name) mo/day/yr

Address: \_\_\_\_\_  
 (Street) (City) (Zip)

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Parent's Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

In emergency, notify \_\_\_\_\_ Relationship: \_\_\_\_\_

Day Phone: (\_\_\_\_\_) \_\_\_\_\_ Night Phone: (\_\_\_\_\_) \_\_\_\_\_

Family Dr.: \_\_\_\_\_ City: \_\_\_\_\_ Phone : (\_\_\_\_\_) \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy #: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

Name of Main Insured: \_\_\_\_\_ Subscriber #: \_\_\_\_\_

**Health History:**

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Drug Allergies | <input type="checkbox"/> Insect Sting Allergies | <input type="checkbox"/> Chronic Asthma    | <input type="checkbox"/> Epilepsy/Nervous Disorders |
| <input type="checkbox"/> Hay Fever      | <input type="checkbox"/> Food Allergies         | <input type="checkbox"/> Frequent Colds    | <input type="checkbox"/> Frequent Stomach Upsets    |
| <input type="checkbox"/> Diabetes       | <input type="checkbox"/> Heart Condition        | <input type="checkbox"/> Physical Handicap | <input type="checkbox"/> Other: _____               |

Please specify and list normal treatment: \_\_\_\_\_

Date of last tetanus shot \_\_\_\_\_ Any activity restrictions? Yes No List restrictions \_\_\_\_\_

Name and dosage of any medication which your child takes on a regular basis: \_\_\_\_\_

*Medical Release:*

In the event that I cannot be reached in an emergency while my child is with the Youth Ministry from Bridges Community Church, I hereby give my permission to the physician or dentist selected by the Youth Ministry supervisors to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery for my child as deemed necessary. I understand that all billings for services rendered will be sent to me as the parent/legal guardian and that I am responsible for the complete payment.

*Liability Release:*

“In the unlikely event that my child is injured while participating in activities on or off the campus of Bridges Community Church or in route to such activities, my child and I relinquish all rights to recover damages for any and all injuries sustained by my child during or in route to activities. In consideration for the church granting my child permission to recreate on or off the church campus, I hereby release Bridges Community Church from liability for injuries caused by negligence on the part of Bridges Community Church and its employees and volunteers.”

I acknowledge that if my child has to return home early for discipline violations it will be at the parent/guardian's expense.

I also understand that photos and videos may be taken of my child while at Youth Ministry events, which may be used by Bridges Community Church for future promotional purposes.

The signature is for both Medical and Liability release.

\_\_\_\_\_  
 (Parent/Guardian signature)

\_\_\_\_\_  
 (Date)

\_\_\_\_\_  
 (Print name)

\_\_\_\_\_  
 (Relationship to child)