777 Meacham Road//Elk Grove Village, IL 60007//Phone (847)985-6446

2010-2011 FAMILY MINISTRY MEDICAL RELEASE FORM

Student #1 Name_____ M/F Birthdate_____Grade _____
School Attending _____ Allergies _____
Student #2 Name_____ M/F Birthdate_____Grade _____
School Attending _____ Allergies _____
Student #3 Name_____ M/F Birthdate_____Grade _____
School Attending _____ Allergies _____

Address _____ City/State/Zip_____
Home Phone_____ Parents/Guardians names _____
Email _____@_____
Other Numbers for Parents Name_____ Cell_____ Work _____
Name_____ Cell_____ Work _____

Please name a relative or close friend we may contact if we are unable to reach the above in case of emergency: Name _____ Phone _____

MEDICAL RELEASE

Parents will be notified if at all possible

I understand that in the event professional medical intervention is needed for a participant in a church related activity, a reasonable attempt will be made to immediately contact the designated parent or guardian listed on this form. In the event I, or the doctor listed below, cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia or surgery for my child as deemed necessary. Living Hope Church will not be financially responsible for services rendered.

I hereby release Living Hope Church, its staff members, it governing organization, its officers, trustees, employees, agents and all other persons associated with Living Hope Church from any and all liability, damages, actions and causes of actions of any kind or description arising out of or in any way related to any activities that I may participate in or at with Living Hope Church. The undersigned does hereby further agree to indemnify and hold harmless any party herein released from any claims brought by any party herein or by any third party arising out of our in any way related to any actions or activities while at a Living Hope Church activity. I understand this release is binding upon my heirs, executors and assigns.

Signature of Parent/Guardian _____ Date _____
(if participant is under 18 years of age)

Please provide the following information:

Medical Insurance _____ Policy or contract # _____
Doctor _____ Doctor's Phone _____
Hospital preference _____