

Battle Ground Bible Church

YOUTH MEDICAL & LIABILITY RELEASE FORM

Youth's First Name _____ M.I. _____ Last Name _____

Address _____ City _____ St _____ Zip _____

Home Phone (____) _____ Date of Birth _____ SS Number _____

School _____ Grade _____ Age _____

Parent/Guardian's Name _____ Relationship _____

Home Phone (____) _____ Cell Phone (____) _____

Place of Work _____ Work Phone (____) _____

Insurance Carrier _____ ID# _____

Address _____ City _____ St _____ Zip _____

Phone (____) _____ Other Numbers/info _____

Doctor's Name _____ Phone (____) _____

Allergies (medicines, foods, insects, animals, others): _____

Is there any medical information you feel we should have concerning your youth? _____

ALL MEDICINE MUST BE TURNED OVER TO THE SPONSORS BEFORE LEAVING!

I hereby give my permission for emergency medical treatment to the above named youth. I understand that all reasonable safety precautions will be taken by Battle Ground Bible Church or its representatives to avoid accident, injury, and disease. I therefore will not hold Battle Ground Bible Church or its representatives liable for any accident, injury, or disease incurred by the youth who is subject to this from. I understand that in the event medical treatment is needed every attempt will be made to contact person(s) above, immediately.

Signature of Parent/Guardian _____ Date _____

Note: Attendance at all outings is a privilege contingent upon the cooperation of each young person. Christian standards of conduct, dress, and attitude are expected from each student.