

Northwood Christian Church—Medical Release & Liability Form
2425 Harvest Lane, Springfield, Oregon 97478
~ 541.746.2790 ~ Fax: 541.747.7485 ~

Please Print. Please complete entire form.

Personal Information

Student Name _____ **Circle One: Male / Female**

Age _____ **Birthdate** _____ **Grade** _____

Address _____

City, State, Zip _____

Primary Phone Number _____

Other Phone Number (cell, work) _____

Emergency Contact (other than parent) _____

Relationship: _____ **Phone** _____

Medical/Insurance Information

Medical Insurance Provider: _____ **Group #:** _____

Policy Holder: _____ **ID #:** _____

Family Physician: _____ **Phone:** _____

Family Dentist: _____ **Phone:** _____

Date of Last Tetanus Booster: _____

List Current Medical Conditions (Please be specific; ie. ADD/ADHD, diabetes, etc.):

List Current Medications Being Taken: _____

Allergies: Please list all known.

Bee stings/insects: _____

Medications: _____

Food: _____

Medical Policy: Upon arrival at any Northwood Student Ministry event, ALL current medications MUST be checked in with the Nurse or group leader. Prescription medications MUST be in the original container with student's name, medication name, and directions clearly marked on label.

Authorization for Medical Treatment and Release

I, the undersigned parent or legal guardian of _____, do hereby authorize any duly authorized employee, volunteer, or other representative of Northwood Christian Church, as agent(s) for the undersigned, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any licensed physician and/or surgeon, whether such diagnosis or treatment is rendered at the office of said physician and surgeon or at a clinic, hospital, or other medical facility.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power on the part of the aforesaid agent(s) to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician in the exercise of his or her best judgment may deem advisable.

In addition, I give my permission for my child to be transported in any private or rental vehicle, or the church van in conjunction with any and all church related events.

If it is deemed necessary by a Sponsor for my child to return home from an event due to behavioral issues, defiance, misconduct, or disciplinary reasons, I, the undersigned, understand that such arrangements and the cost of doing so will be solely my responsibility.

I also hereby give permission for my child's picture, video, and/or likeness to be used in Northwood promotion and advertising, including print media, video media, articles, the church website, etc.

Furthermore, I promise to indemnify, defend, and hold harmless the activity sponsor or its agents, employees, volunteers, or any other representatives (collectively referred to as the "Sponsor") for any injury related directly or indirectly to the described activity, whether such injury arises out of negligence of the Sponsor or otherwise.

Parent/Legal Guardian Printed Name

Parent/Legal Guardian Signature

Today's Date