



NCC JR. HIGH

Medical and Liability Release and Information Form

Please Print Clearly

STUDENT'S NAME _____

(Please print Students name clearly)

Jr. High Grade: **7th grade / 8th grade** School Name _____ Year to Graduate _____
(Please circle one)

Date of Birth _____ Age _____ Gender _____

Address _____ City _____ State _____ ZIP _____

Home Phone Number _____

Fathers Name _____ **Cell Number** _____ **E-Mail** _____

Mothers Name _____ **Cell Number** _____ **E-Mail** _____

EMERGENCY CONTACT: Name _____ **Phone Number** _____

Relationship to Student _____

Doctor _____ **Phone Number** _____

STUDENTS HEALTH HISTORY

ALLERGIES : Medications _____ Insect stings _____ Foods _____

Heart Condition ___ Epilepsy ___ Seizures ___ Chronic Asthma ___ Diabetes ___ Physical Handicap ___

Hay Fever ___ Frequent Colds ___ Frequent Stomach Upsets ___ Frequent Headaches ___

SPECIAL NEEDS: Down Syndrome ___ Autism ___ Cerebral Palsy ___ Aspergers ___ ADHD ___

Other Conditions **NOT** listed _____

If you checked any of the above, please give details, (i.e. include normal treatment of allergic reactions and required medications) _____

Name and dosage of any other medications that must be taken _____

Any activity restrictions? ___ Any swimming restrictions? ___ What restrictions? _____

IMMUNIZATIONS INFORMATION

- 1. Are all immunizations up to date: ____ Yes ____ No
- 2. Polio (OPV or IPV)—Date: _____
- 3. DTP/DTap/DT/TD (Diphtheria, Tetanus and Acellular Pertussis or Tetanus and Diphtheria only)—Date: _____
- 4. MMR (Measles, Mumps, Rubella)—Date: _____
- 5. Hepatitis B—Date: _____
- 6. Varicella (Chicken Pox)—Date: _____

MEDICAL INSURANCE INFORMATION

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your son or daughter is on a church related activity.

Do you have health insurance? ____ Yes ____ No (If you DO NOT have health insurance please fill out the additional medical insurance waiver on the bottom of this form).

Name of Insurance _____

Address _____ Phone Number _____

Policy Members Name _____

Policy Number _____

"In the event that I cannot be reached in an emergency during the dates specified on this form, I hereby give my permission to the physician or dentist selected by the church leadership to hospitalize, to secure proper treatment, and/or order any injection, anesthesia, or surgery for my son or daughter as deemed necessary."

Liability Release

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent/guardian agrees to assume and accept all risks and hazards inherent in church related activities. They also agree not to hold this church or its employees or volunteer staff liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release

Parent or Guardian's Signature _____ Date _____

Valid from: June 1, 2011 - Through: June 1, 2013

Medical Insurance Waiver
(Only for those without insurance)

_____ has no medical insurance. I/we, _____ accept full
Student's Name *Parent or Legal Guardian*
responsibility for any medical expenses incurred as a result of an accident or injury that occurs during a North Coast Church sponsored youth activity.

X _____ Date _____
Parent or Legal Guardian Signature

Valid from: June 1, 2011 - through June 1, 2013

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