



Child Medical & Liability Release

All families who use our building on a semi-regular basis are asked to complete a Medical and Liability Release. Please fill out both FRONT AND BACK sides of this form and return to our Children & Family Minister, who will keep it on file.

Child's Name _____ Sex _____ Birth Date _____

Street Address _____ City _____

State _____ Zip Code _____ Phone (____) _____

Parent/(Guardian Alternate Phones (____) _____ (____) _____

The undersigned does hereby give permission for our/my child (named above), to attend and participate in activities sponsored by Oak Ridge Church of Christ .

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physician or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital, whether such diagnosis or treatment is rendered at the office of said physician or at said hospital.

I understand that my insurance coverage for my child will be used as primary coverage in the event medical intervention is needed. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to his authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs.

The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Oak Ridge Church of Christ.

I understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand all reasonable safety precautions will be taken at all times by the Oak Ridge Church of Christ and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Oak Ridge Church of Christ, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.



Child Medical & Liability Release (Continued)

I read the statement on the front of this Medical and Liability Release document and sign my agreement and affirmation below. I release Oak Ridge Church of Christ from liability and allow medical treatment of my child.

Parent/Guardian Signature _____ Date _____

ICE (In Case of Emergency) Contact: _____

Address (if different from child)

Home Phone (_____) _____ Alternate Phone (_____) _____

Hospital Insurance Yes No Insurance Company _____

Physician Name & Number _____

Policy Number _____

Participant _____ Date _____

Father _____ Date _____

Mother _____ Date _____

Legal Guardian _____ Date _____

Please list any allergies or special medical concerns your child may have.

