

BLUE SPRINGS CHRISTIAN CHURCH

Medical Information Form

(Print form, complete and return to Student Ministry Office)

Name _____ Age _____ Grade _____ Address: _____
_____ Phone _____ State condition of student's: ears _____ sinuses _____
_____ heart _____ Is student subject to: fainting spells? _____ Epilepsy? _____ Has student
had appendix out? _____ Is student a diabetic? _____ Does student have any handicaps which
would greatly hinder him or her from entering into full program activities? _____ If so, what? _____
_____ Can student swim? _____ advanced? _____ beginner? _____ Any restric-
tions or special medical attention needed while at this function? If so, please list:

Has student had a tetanus shot? _____ Date? _____ Any special dietary needs? _____

I certify to my knowledge that my son or daughter has not been exposed to any contagious disease within the last 30 days. I certify any licensed medical doctor to x-ray or medically test my child in any emergency. I understand that Blue Springs Christian Church or it's representatives will not be held liable for any accidents while my son or daughter is at this function. I also understand that if my son or daughter needs to be sent home for any reason (i.e. illness, injury, or disciplinary), I will be contacted at one of the numbers below and I will be responsible for any and all expenses incurred.

Signature of Parent or Guardian _____ Date _____

Emergency Phone # where I can be reached: Day _____ Night _____ Alternative
Phone # if not at above number: Day _____ Night _____

STUDENT PERMISSION FORM, RELEASE, DISCHARGE AND HOLD HARMLESS AGREEMENT

(Print Form, complete and return to Student Ministry Office)

My name is (Parent/Guardian) _____ and by this instrument, I do hereby release, acquit, hold harmless and forever discharge Blue Springs Christian Church, its agents, servants, and employees, and all persons, natural or corporate, in privity with them or any of them, from any and all claims or causes of actions of any kind whatsoever, including but not limited to actions, suits and or claims for any bodily injuries, death or property damage which may be sustained by (youth's name) _____ while participating in any Student Ministry activity, or activities, (including travel to and from such activities) resulting from the negligence or lack of care due or claimed to be due to the conduct of any agent, servant, or employee of Blue Springs Christian Church, for any and all activities.

By signing this agreement, I give my permission for my son or daughter (youth's name) _____ to receive medical attention in the event of an emergency.

Signature

Date

Hospitalization Policy (Company/Policy Number) : _____

Policy Issued under name of: _____