



Cedarview Student Ministries
MEDICAL AND LIABILITY RELEASE FORM

Name _____ Age _____ Birthdate _____

Address _____

City _____ Postal Code _____ Phone _____

In emergency, notify _____

City _____ Phone _____

Doctor _____ Doctor's phone _____

Health History:

Allergies: Insect Stings Drugs Other Allergies

Other Conditions: Heart Frequent Colds Chronic asthma Hay Fever Epilepsy Frequent stomach upsets
 Diabetes Physical disablement

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

Date of last tetanus shot: _____

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

Any swimming restrictions: Yes No

Any activity restrictions: Yes No

Please list any restrictions _____

Our church's insurance is only secondary insurance. Therefore, any medical charges will be billed on your Ontario Health Services Card in case of illness or injury while your son or daughter is on a church-related activity.

Ontario Health Card Number: _____

Any additional medical coverage, Name: _____

Policy Number: _____

Address: _____

MEDICAL RELEASE:

"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 an injection, anaesthesia, or surgery for my son or daughter as deemed necessary."

LIABILITY AND PHOTOGRAPHIC 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. If one does occur, this church's leadership will do everything possible to notify the parent/guardian BEFORE obtaining any treatment. Still, by signing this form, I agree to assume and accept all risks and hazards inherent in church-related social activities. I also agree not to hold Cedarview Alliance Church or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. I also understand that pictures and video of events that my child attends may be taken. I give permission for any pictures or video of my child to be shown for group and promotional purposes. I understand that I am signing for the minor listed on this form and the signature includes the medical, liability, and photographic release.

Parent or guardian's signature _____

Valid from September 1, 2009 to August 31st 2010.