

(Church Name/Logo)
Medical Information

Full Name: _____

Address: _____

Phone Number: _____ Birthdate: _____

In case of emergency please contact:

Name: _____ Relationship: _____

Address: _____ Phone number: _____

Name and phone number of physician: _____

Insurance company _____ Policy number: _____

Any physical limitations? _____

Any allergies? _____

Special medications? _____

Please note any additional details of concerns:

Liability Release

We do hereby release, forever discharge and agree to hold harmless (church name) and the representatives thereof from any and all liability, claims or demands for personal injury, sickness or death, as well as property damage and expenses of any nature whatsoever which may be incurred in the course of participation in:

(Class Name or Activity)

We assume responsibility for any medical bills incurred.

Print Name

Signature

Physician's Name and Phone

Emergency Contact and Number

Date