

**ANAHEIM FIRST CHRISTIAN CHURCH  
STUDENT MEDICAL LIABILITY RELEASE AND PERMISSION FORM  
2009-2010**

STUDENT NAME \_\_\_\_\_ DOB \_\_\_\_\_ AGE \_\_\_\_\_  
PARENT'S NAME(S) \_\_\_\_\_  
ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_  
PRIMARY E-MAIL ADDRESS \_\_\_\_\_  
IN EMERGENCY, PLEASE NOTIFY: NAME \_\_\_\_\_ PHONE# \_\_\_\_\_

**HEALTH HISTORY:**

Allergies: _____ Insect Stings _____ Drugs _____ Other Allergies: _____
Other Conditions: _____ Heart Conditions _____ Frequent Colds _____ Chronic Asthma _____
_____ Hay Fever _____ Epilepsy _____ Diabetes _____ Physical Handicap _____

If you checked any of the above, please give details (i.e., include normal treatment of allergic reactions) \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_  
Name(s) and Dosage(s) of any medications that must be taken: \_\_\_\_\_

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 student is on a church-sponsored activity.

Do you have health insurance? **YES / NO** (circle one)

DOCTOR \_\_\_\_\_ CITY \_\_\_\_\_ PHONE# \_\_\_\_\_

Company Name: \_\_\_\_\_

Policy Number \_\_\_\_\_ Phone # \_\_\_\_\_

Any swimming restrictions? **YES / NO**      Any activity restrictions? **YES / NO**

If **YES** is circled, please describe restrictions \_\_\_\_\_

**EMERGENCY PERMISSION:**

"I give permission for my son or daughter to attend AFCC student events. 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, secure proper treatment, and/or order and injection, anesthesia, or surgery for my student as deemed necessary."

Signature \_\_\_\_\_ Date \_\_\_\_\_

**LIABILITY RELEASE:**

Every activity sponsored by this church is carefully planned and adequately supervised by mature adults. However, even with the best planning and precaution, unforeseen events can occur. By signing this release, the parent or guardian agrees to assume and accept all risks and hazards inherent in the church or its employees or its volunteer assistants 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 medical and liability release.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PUBLICITY RELEASE:**

Picture and/or video images taken of my child may be used in materials published by Anaheim First Christian church in print or on the church website.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Valid from date signed through August 31, 2010.**