



Medical Information & Release Form

Name: _____ Sex _____ Age: _____ DOB ____/____/____ SS: ____-____-____

Address: _____ City: _____ Zip: _____

Mother's Name: _____ Place of Business: _____

Work Phone: _____ Home Phone: _____

Father's Name: _____ Place of Business: _____

Work Phone: _____ Home Phone: _____

Known Allergies or Problems: _____

Hospitalization Insurance Co: _____ Policy: _____ Policy holder: _____

Blood type: _____ Family Doctor: _____ Phone: _____

Please list the name of nearest relative/neighbor (circle one) to be contacted in case of emergency.

Name: _____ Work phone: _____ Home phone: _____

Release and Hold Harmless Agreement for Deerbrook Covenant Church

By my signature, I _____ the parent or guardian of _____ grant my permission for him/her to participate fully in any activities or trips sponsored by Deerbrook Covenant Church. I fully understand that my signature carries with it the following:

- 1) I hereby authorize any Youth Leader and/or adult sponsor from Deerbrook Covenant Church to obtain any medical attention and/or treatment, which in their opinion is necessary for my child. This authorization shall last for a period of one (1) year from this date.
- 2) I knowingly release, absolve, indemnify, and hold harmless Youth Directors and Deerbrook Covenant Church from all claims that might result from any injury or death of any minor or in the administering of or lack of medical treatment.
- 3) Should medical help be needed, I agree to pay either directly or through my own health and accident Insurance policy all medical or hospital costs and to be solely responsible for said treatment and the cost thereof.

Signature of Parent or Legal Guardian

Date Signed