

New Hope Community Church

P.O. Box 4270 Queensbury, NY 12804
(518) 798-5778 Robbie Lankford, Pastor
Medical Info./ Activity Release Form

GENERAL INFORMATION

Name: _____ Date: _____

Birthday: _____ School grade: _____

Address: _____

Parents/Guardians: _____

Home Phone#: _____

Work Phone #: _____

Emergency Contact (if parents are not reachable): _____

relationship to participant: _____

phone #: _____

MEDICAL INFORMATION:

Please, list any medical information that would need attention during this person's participation in any events with us or that would need attention in case of medical treatment.

Any past or present health concerns:

Any food or drug allergies:

Any current medications:

Any other information:

Insurance Company: _____

Policy # _____ Phone #: _____

Family Physician: _____

Phone Number: _____

OVER=>

ADDITIONAL INFORMATION:

Is there any other information about the participant that we need to know about that would affect his or her participation with us?

PERMISSION/ LIABILITY RELEASE:

I hereby give permission for _____ to participate with New Hope Community Church in any activities/ events with this church year (2011-2012). This includes transportation to, from and during the events. In the event of an emergency and I cannot be reached, I give permission for the participant to receive any medical/ surgical treatment which is determined by New Hope Community Church and/or the medical personnel of any health care facility to be necessary for his/her well-being. I assume all risk which may be involved in the participant's involvement in the activities of New Hope Community Church. I hereby forever release New Hope Community Church, its directors, employees, agents and members from any liability, claims or demands of any nature whatsoever which may be incurred while this person is participating in the activities of New Hope Community Church. Also, should it be necessary for the participant to return home for any medical or disciplinary reason, I assume responsibility for all costs to do so.

Signed _____

Date _____

(Participants 21 or over may sign for themselves)