

GLENWOOD COMMUNITY CHURCH  
2023 Calendar year  
12201 NE 72nd Ave, Vancouver, WA 98686  
**MEDICAL AND LIABILITY RELEASE FORM**

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

In emergency, notify \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Doctor \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Health History:**

Allergies: \_\_\_\_\_ Insect Stings \_\_\_\_\_ Drugs \_\_\_\_\_

\_\_\_\_\_ Other Allergies: \_\_\_\_\_

Other: \_\_\_\_\_ Heart Condition \_\_\_\_\_ Frequent Colds \_\_\_\_\_ Asthma  
\_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_ Frequent Stomach Upset  
\_\_\_\_\_ Physical Handicap \_\_\_\_\_ Hay Fever

If you have checked any of the above, please give details, on separate piece of paper if required (i.e. include normal treatment of allergic reaction)

Date of last tetanus shot: \_\_\_\_\_

Names and dosages of any medications that must be taken:

\_\_\_\_\_  
\_\_\_\_\_

Any activity restrictions? : \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, specify: \_\_\_\_\_.

Our church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your son or daughter is on a church-related activity.

Do you have health insurance? \_\_\_\_\_ Yes \_\_\_\_\_ No

If "yes" name: \_\_\_\_\_ Policy No: \_\_\_\_\_

Address: \_\_\_\_\_

"In the event that I cannot be reached in an emergency, 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, anesthesia, or surgery for my son or daughter as deemed necessary."

**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 form, the parent or guardian agrees to assume and accept all risks and hazards inherent in church-related social activities. They also agree not to hold this church or its employees or volunteer assistants liable to 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 a medical and liability release.

Parent or guardian signature \_\_\_\_\_ Date \_\_\_\_\_