

EBY MEDICAL CONSENT AND LIABILITY RELEASE FORM 2024

Each (East Brainerd Church Of Christ, Chattanooga, TN) youth participant must complete all spaces on the Medical Consent and Liability Release Form, on the Authorization to Consent to Medical and Dental Care Form, and the Emergency Medical Information Form.

A PARENT OR GUARDIAN OF EACH PARTICIPANT UNDER 18 YEARS OLD MUST SIGN BOTH OF THE FORMS. These forms must be returned in order for the participant to attend the activities.

STUDENT'S NAME: _____
CELL PHONE: (____) _____ BIRTH DATE: ____/____/____ MALE ___ FEMALE ___
HOME ADDRESS: _____
CITY/STATE/ZIP: _____
PARENT/GUARDIAN(S): _____
HOME PHONE: (____) _____ DAD CELL: (____) _____
MOM CELL: (____) _____ OFFICE: (____) _____
HOME ADDRESS (IF DIFFERENT): _____
HEALTH PLAN CARRIER: _____
NAME OF INSURED: _____
POLICY HOLDER OR INSURANCE ID NUMBER: _____
FAMILY DOCTOR: _____ OFFICE PHONE: (____) _____
EMERGENCY CONTACT: _____
HOME PHONE: (____) _____ CELL: (____) _____

I understand that the (East Brainerd Church Of Christ) Youth Activities for which this Medical Consent and Liability Release Form is being given may include: Service events, smaller groups, retreats, camps, and sport activities.

I hereby consent to participation of me, and/or my child in the above-described events. I have considered and understand the risks involved in the planned activities. I am aware that in addition activities such as Bible Study, worship, sight- seeing, using public transportation, and meal functions, in which the participant also may be asked to participate may involve risk, such as service projects, in addition to recreational activities.

I understand that I have a duty to provide primary accident and medical insurance for myself and for my child and I declare that my child and I are covered by primary accident and medical insurance.

I release and discharge, (East Brainerd Church Of Christ), and its directors, trustees, officers, employees, and other representatives from any and all claim and causes of action for damages either at law or in equity that I may have as result of participation in, attendance at, and travel to and from the events or activities. Furthermore, I do hereby expressly agree to indemnify and hold forever harmless (East Brainerd Church Of Christ, Chattanooga, TN), and its directors, trustees, officers, employees, and other representatives against loss from any and all present or future claims, demands, or actions in law or in equity that may hereafter be made or brought by me or my child, by anyone on behalf of me or my child on account of any injury, illness, physical condition, inconvenience or loss sustained by me or my child during any such event or activity or travel to and from the same.

I, the undersigned, hereby acknowledge that I have read the foregoing, understand its contents, and have signed the same as my own free act and deed.

FOR PARTICIPANTS AGE 18 AND OVER

Signature _____ Date _____

FOR PARTICIPANT UNDER AGE 18:

Parent Signature _____ Date _____

EBY STUDENT MEDICAL FORM

DOES YOUR STUDENT HAVE ANY ALLERGIES? Yes () No ()

IF YES, PLEASE EXPLAIN. _____

DO YOU CONSENT TO YOU CHILD RECEIVING OVER THE COUNTER MEDICATION IN THE EVENT THAT THEY NEED IT?

Yes () No ()