

Otsego Church of God
Student Medical Release Form

VALID JUNE 1, 2006 – MAY 31, 2006

Student #1 name: _____: male female Birthdate _____ Grade _____
School attending _____ List any allergies to medications _____

Student #2 name: _____: male female Birthdate _____ Grade _____
School attending _____ List any allergies to medications _____

Address _____ City/State/Zip _____

Home phone _____ Parents/guardians names _____

Other numbers for parents - name _____ cell # _____ work # _____

- name _____ cell # _____ work # _____

Please name a relative or close friend we may contact if we are unable to reach the above in case of emergency.

Name _____ phone _____

MEDICAL RELEASE*

*parents will be notified if at all possible

I understand that in the event professional medical intervention is needed for a participant in a church related activity, a reasonable attempt will be made to immediately contact the designated parent or guardian listed on this form. In the event I, or the doctor listed below, cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia or surgery for my child as deemed necessary. Otsego Church of God will not be financially responsible for services rendered. I hereby release Otsego Church of God, its staff members, its governing organizations, its officers, trustees, employees, agents, and all other persons associated with Otsego Church of God from any and all liability, damages, claims, demands, actions and causes of actions of any kind or description arising out of or in any way related to any activities that I may participate in or at with Otsego Church of God. The undersigned does hereby further agree to indemnify and hold harmless any party herein released from any claims brought by any party herein or by any third party arising out of or in any way related to any actions or activities while at an Otsego Church of God activity. I understand this release is binding upon my heirs, executors and assigns.

Signature of parent/guardian _____ Date _____
(if participant is under 18 years of age)

Please provide the following information:

Medical insurance Policy or contract #:

Doctor: _____ Doctor's phone #: _____

Hospital preference: