

Mansfield Church of Christ
Medical Information Form and Release of Liability

Child's Name: _____ DOB: _____

Parent(s) name and contact phone numbers (please list all numbers, e.g. home, work, cell, etc.):

Emergency Contacts other than parent(s), please provide name(s) and numbers:

Health Insurance:

Company _____ Group # _____

Policy # _____ Please provide copy of card / both sides

Physician _____ Phone Number _____

Conditions we should be aware of: _____

Date of last Tetanus Booster _____

My child has permission to receive the following if needed:

____ Tylenol ____ Motrin ____ Benedryl ____ Mylanta ____ Kaeopectate

I give my permission for the above named child to participate in the events and activities with the Mansfield Church of Christ. I further give my permission for any representative of Mansfield Church of Christ (including employees and non-employee sponsors as designated by Chris Hayes) to obtain the services and/or advice of a physician or other medical personnel for the above named child in the event of illness or injury. I understand that responsibility for costs as a result of such medical care shall be my own.

I agree to hold harmless and release from any and all liability the Mansfield Church of Christ, Chris Hayes, youth minister, or any other representative or agent thereof (as designated by Chris Hayes) (collectively the "Released Parties") for any action, claim or damage that may arise as a result of the above named child's participation in any youth activity or event sponsored by Mansfield Church of Christ. I agree to hold harmless and release from any and all liability the "Released Parties" for any action, claim or damage that may arise as a result of medical treatment obtained by the Released Parties on behalf of the above named child as permitted by this document, I agree to comply with all rules and restrictions governing the above named child as set forth by Mansfield Church of Christ and Chris Hayes, youth minister.

Parent Signature: _____ Date: _____