

**Medical Release/Consent Form**  
**Mercer Creek Church**

Event Name: Crossfire: Spring Retreat @ Ghormley Meadow Date/s: April 26-28, 2019

Student's name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

Phone: \_\_\_\_\_ Parent Email: \_\_\_\_\_

Parents'/Guardians' Names: \_\_\_\_\_ Phone: \_\_\_\_\_

Address (if different from child's): \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy #: \_\_\_\_\_

Person to contact if parent /guardian cannot be reached: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies?  Bee sting  Pollens  other \_\_\_\_\_

Hay, straw  Penicillin  other drugs \_\_\_\_\_

Major illnesses during the past year?  Frequent Stomach Upsets

If any of the above are checked, please give details to include normal treatment of allergic reactions.

Any life-threatening allergies?  Yes  No If yes, to what?

Any special dietary needs? \_\_\_\_\_

Bringing any medications  Yes  No If yes, please list and state dosage:

Please note: Medication should be in its original prescription bottle/package, which should have administration instructions and the individual's name clearly indicated.

Any physical, emotional, mental or behavioral concerns or limitations that our staff should be aware of?  Yes  No If yes, please explain:

Any swimming restrictions?  Yes  No Contact Lenses?  Yes  No

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

--Over--

I understand that in the event medical intervention is needed, every attempt will be made to contact immediately the persons listed on this form. In the event I 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 to order an injection, anesthesia, or surgery for my child as deemed necessary.

I understand that my insurance coverage will be used as primary coverage in the event medical intervention is needed. Coverage by Mercer Creek Church through its accident policy will be used as a backup for what my family's insurance does not cover.

I understand all reasonable safety precautions will be taken at all times by Mercer Creek Church and its agents during the events and activities. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Mercer Creek Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form.

Signature of Student: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature (If Student is under 18): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_