

# 2024 - 2025 OVERISEL REFORMED CHURCH

## Health • Liability • Transportation Release Form

*[Please Print in Ink]*

Name of Child: \_\_\_\_\_ Birthday: Month: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Child's Gender: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Father's Name: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Father's Email: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Mother's Email: \_\_\_\_\_

*[If different than Child]*

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EMERGENCY CONTACT PERSON

Name[s]: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address/City/State/Zip: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work Phone #: \_\_\_\_\_

*If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while your child is at the activity.*

Do you have health insurance?  Yes  No Effective Date: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name of Insured? \_\_\_\_\_

Family Doctor and Phone #: \_\_\_\_\_

**IF POSSIBLE, PLEASE ATTACH A COPY OF YOUR INSURANCE CARD. THANKS!**

**CONTINUED ON THE BACK**

**Health History**

Please list any pre-existing or present medical conditions or allergies and give the necessary details?

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Please list the name and dosage of any medications that must be taken. Also list any allergies you have to any medications.

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Any swimming restrictions?  No  Yes What? \_\_\_\_\_

Any physical limitations?  No  Yes What? \_\_\_\_\_

Date of last tetanus shot? \_\_\_\_\_

**Parent/Guardian Medical and Liability Release Statement:**

I/We understand that in the event medical intervention is needed, every attempt will be made to immediately contact the parents or emergency person[s] listed on this form. In the event I/We cannot be reached in an emergency, I/We hereby give my/our permission to the physician or dentist selected by the leaders to hospitalize, to secure medical treatment and/or order an injection, anesthesia, or surgery for my/our child as deemed necessary.

I/We understand all reasonable safety precautions will be taken at all times by Overisel Reformed Church and its agents during the events and activities. I/We understand the possibility of unforeseen hazards and know the inherent possibility of risk. I/We agree not to hold Overisel Reformed Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by the subject of this form. Signing of this form also gives permission for my/our child to be transported to and from activities by staff and ministry volunteers in church or personal vehicles according to the guidelines and policies established by Overisel Reformed Church.

**Signature**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return to Overisel Reformed Church Office ASAP!**