

Northview Bible Church Medical Release Form

Event: High school Summer Ministry Trip to McCall, Idaho

_____ has permission to participate in the activities, programs, and ministries of Northview Bible Church. In any event, especially those which include traveling, there is the risk of serious injury. I understand that the church carries only liability co-insurance. This means that the above person is fully covered under my insurance company. The church's insurance will only cover medical costs not covered by my insurance. In the event of a medical emergency when I, the parent or legal guardian, cannot be reached, I hereby authorize the Northview Team Leader or designated adult to secure the necessary medical or dental treatment at any hospital, clinic, or doctor's office. I also agree that in no way will the church leader, adult or property owner be held liable for actions taken in good conscience in an emergency situation.

Parent/Guardian Name: _____ Relationship: _____

Signature _____

Home Phone Number: _____ Work Phone: _____

Date: _____

Name of Participant: _____

Birthdate: _____

Home Address _____

City: _____ Zip: _____

Emergency Contact Person: _____ Relationship to Participant: _____

Emergency Contact Phone Number: _____

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Health Insurance Company: _____

Policy and/or Group #: _____

Physicians Name: _____ Phone #: _____

Dentist's Name: _____ Phone #: _____

Orthodontist's Name: _____ Phone #: _____

Optometrist's Name: _____ Phone #: _____

Allergies: _____

Physical Limitations: _____

Regular Medications: _____

Other Health Considerations: _____

