

Your Agency Name Here
Student Work & Witness

Medical and Liability Release Form

To be completed IN FULL (turn over for more), signed by a parent or guardian, and returned to **Your Agency Name Here**.

All given information will be kept confidential.

While it is not necessary for your child to have a doctor's examination to participate, we strongly encourage it if:

- There has been no exam in the past 12 months.
- You have any doubts about your child's ability to participate in any activity
- Your child has recently been hospitalized or treated, or if your child has been exposed to any communicable disease.

General Information

Child's Name: _____ Birth date: ____/____/____
First Last MI

Address of participant: _____

Age: _____ Height: _____ Weight: _____ Gender (circle one):
 Male Female

Last completed grade (if applicable): _____ School attended: _____

Mother's/Guardian's name _____ Home Phone # _____ Work Phone # _____

Father's/Guardian's name _____ Home Phone # _____ Work Phone # _____

Cell phone/other _____ Email Address _____

Child resides with: ___Mother ___Father ___Both ___Other _____

Insurance Provider: _____ Policy #: _____ Phone # _____

Family Doctor Name: _____ Phone # _____

If parent/guardian is not available in an emergency, notify:

Name _____ Relationship _____ Phone _____

Health History

1. Are your child's immunization and booster shots up-to-date with school standards? _____ Yes _____
_____ No

2. Has your child recently been in contact with any communicable diseases? _____ Yes _____
_____ No

If Yes, which disease _____ and when _____

3. Does your child have any serious fears? (ie. water, dark) _____

4. Does your child have any allergies, conditions or special medications?

- Food allergies (please specify) _____
- Animals (please specify) _____
- Insect stings (please specify) _____
- Penicillin or other drugs (please specify) _____
- Other (please specify) _____

5. Does your child carry any allergy medication? _____ Yes _____ No

If yes, provide details: _____

6. What was the date of your child's last tetanus shot? _____

7. Does your child have any physical handicaps or limitations? _____

8. Does your child have any of the following disorders? Please check off and provide further information:

Diabetes Ear Infections Asthma Epilepsy ADD/ADHD Behavior Disorders

Additional Details: _____

Does your child take medications for any of the above conditions? _____

9. Does your child need to take the medication during day camp time? No Yes

If yes, please contact your group coordinator for more information.

10. Does your child have: __special needs __learning needs __physical needs __behavior needs

11. Is there anything else that will help us to know your child better? (attach additional sheet if necessary) _____

Photo Release

I give my permission to **Your Agency name Here** to use any photographs or video tapes that may be taken of my child while attending the Urban Experience for promotional or educational purposes (e.g. posters, brochures, ads, etc.). I agree that the photos and/or video footage may be used without limitation on time or frequency.

Date: _____ Signature: _____

Parental Authorization

The health history provided in this form is correct, so far as I know. The person herein described has permission to engage in all prescribed camp activities, including outings and off-site trips except as noted by me and the examining physician. In the event that I cannot be reached in an EMERGENCY, I hereby give permission to **Your Agency name Here** to hospitalize my child as needed.

Every activity sponsored by this organization is carefully planned and adequately supervised by mature adults. However, even with the best of planning and precaution, unforeseen events can occur. By signing this form, the parent or guardian agrees to assume and accept all risks and hazards inherent in ministry-related social activities. They also agree not to hold this organization or its employees or volunteer assistants liable for damages, losses, or injuries to the person or property undersigned. The parents or guardians understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release.

Print Name _____ Relationship to child _____

Signature _____ Date _____