Medical Form and Liability Release

North Bend Church 1787 Snyder Rd., Butler, OH 44822 • 24458 Orange Hill Rd., Danville, OH 43014

Child's Name:	Date of Birth:	Shirt Size:
Address:Street		
Mother or Guardian:	City Call Phone Numb	Zip
	Cell Phone Number:	
	Cell Phone Number:	
Email Address:		cı.
Names of those who have permission to pick up this child:		
Yearl Alice (A) attacking the contract		
Youth Advisor(s) attending this event:		
List the child's allergies, health conditions or dietary needs . Indicate if any of these are life threatening. Attach additional information if necessary.	List the child's prescription frequency.	n medications, dose and
1)	1)	
2)	2)	
3)	3)	
I give permission to the Advisors(s) listed above to administ	• •	
My child is a participant in Youth Events at North Bend Chur members, employees, agents and volunteer workers from an that I will be notified in the case of a medical emergency inv tacted, I give permission to the medical personnel selected becase of an emergency, accident or illness involving my child mation necessary to perform proper treatment. I understand expenses incurred, but that such expenses will by my respor Church in the event of any health changes that would restrict activities.	y liability resulting from any olving my child. However, in by North Bend Church to obta. I also give permission for the that North Bend Church will asibility as a parent/guardian	injury to my child. I understand the event that I cannot be con- ain proper medical treatment in the release of any medical infor- not be responsible for medical to I agree to notify North Bend
I give permission for my child to ride in any vehicle designate to and from Youth Events. I agree to accept full responsibilit child may cause to the properties visited on the activites/eventation.	y, financially and otherwise,	for any injury to or damage my
I recognize that North Bend Church has taken precautions to ment for each activity. North Bend Church reserves the right its sole discretion, including rule violations, or health and sa provide transporation of my child from the event location if r reasons.	to discipline and/or send ho fety concerns. I understand t	me any child for any reason in hat it is my responsibility to
I certify that I have read this document and fully understand a contract, and I sign it of my own free will. This document re unless revoked in writing by the participant or the participan	emains active for activities/e	=
Print full name of Parent/Guardian	Signature of Parent/Guardi	an

Date