

**BELLA VISTA CHRISTIAN CHURCH
MEDICAL AND LIABILITY RELEASE FORM**

Please complete the following information for each applicable child/student. Please Print.

Activity:													
Student's Name:					Age:			Date of Birth:					
Address:					Male:			Female:			Grade In/Completed:		
City:					State:			Zip Code:					
PHONE INFORMATION													
Father-Home:	()		Cell:	()		Work:	()						
Mother-Home:	()		Cell:	()		Work:	()						
Guardian-Home:	()		Cell:	()		Work:	()						
In case of an emergency and a parent/guardian cannot be reached, please contact:													
Name:					Phone:	()		Relation:					
Family Physician:							Phone:	()					
HEALTH HISTORY													
Drug Allergies					Heart Condition					Behavior/Nervous Disorder			
Food Allergies					Asthma					Physical Handicap			
Other Allergies					Epilepsy/Seizure Disorder					Stomach Problems			
Insect Stings					Diabetes					Other			
If any of the above are checked, please give details and treatment below:													
Date of Last Tetanus Shot													
Name, dosage and frequency of any medications that must be taken regularly or as needed													
Medicine				Prescribed Dosage				Time Taken					
Swimming Restrictions	Yes			No			If yes, give detail						
Activity Restrictions	Yes			No			If yes, give detail						
Should this student's activities be restricted for any reason?							Yes			No			
If yes, explain:													

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Please complete the following information for each applicable child/student. Please Print.

INSURANCE INFORMATION			
Medical Insurance Company:		Phone:	()
Policy Number:		Primary Insured:	

While Bella Vista Christian Church (BVCC) makes every effort to provide a safe environment for your child/student, we do require that this participation agreement be read, filled out, signed, and dated by the parent or legal guardian of each child who wishes to participate in BVCC's activities.

Medical Release:

I hereby authorize the treatment of the above minor by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed, while said child is participating in any church program including transportation to and from that program. This authority is granted only after a reasonable attempt has been made to contact me.

_____ **Initial**

Transportation Release:

I also give my permission for my child to be transported to and from church sponsored activities in a church, private, or rental vehicle. _____ **Initial**

Discipline Release:

In the event of inappropriate student conduct, I authorize the staff to send my student home at my (the parent's) expense. _____ **Initial**

General Release

I, the undersigned, give permission for my son or daughter to participate in the activities that occur during the above activity with BVCC. I grant this permission with full knowledge that I accept full responsibility for any injury or accident that may occur.

I, on behalf of myself, my children, my assigns, and my estate, agree to release and hold harmless Bella Vista Christian Church, its officers, Board, employees, agents and any parties volunteering for any and all claims for injuries, causes of action, or liability related to my child's participation in any activity sponsored by BVCC. This release does not apply to intentional and/or willful acts of misconduct by BVCC or any of its officers, Board, employees, agents or volunteering parties.

Should BVCC, or anyone acting on their behalf, be required to incur attorney's fees and costs to enforce this agreement, I agree to indemnify and hold BVCC harmless for all such fees and costs.

By signing this document, I acknowledge that, if anyone is hurt or property damaged during my child's participation in these activities, I and/or my child may be found by a court of law to have waived any right to maintain a lawsuit against Bella Vista Christian Church on the basis of any claim which has been released herein. I have had sufficient opportunity to read this entire document. I have read and understood it and agree to be bound by its terms.

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Child's Name: _____

Parent or Guardian Signature: _____ Date: _____

Print Name: _____ Relationship to child: _____