

Cedar Creek Church - Centerpoint Student Ministry
January 1, 2020 - December 31, 2020
Medical Aid and Release of Liability Form



Participant's Name: _____
Social Security Number: _____ DOB: _____
Full Address: _____
Name of Parent or Guardian: _____
Phone: _____
(home) (work) (other than immediate household)

Insurance Information:

Name of Insured: _____ Policy #: _____
Name of Insurance Company: _____
Preferred Hospital: _____
Preferred Family Physician: _____

Medical Information:

List any medicines that participant is allergic to: _____
List any allergies and treatment needed (hay fever, bee stings, ect.): _____

List any other medical history of which trip counselors should be aware (fainting, seizures, asthma, dizziness, ect.): _____

List any and all medications participant would likely have in their possession at church functions or trips. (This should be updated whenever necessary): _____

Physician who knows this participant best: _____ phone: _____

Release of Liability

1. Please list any activities in which you or your child cannot participate: _____
2. Cedar Creek Church including employees and representatives of the aforementioned organizations shall be held blameless from any suit, actions, damages, or claims at law or otherwise, resulting from or arising out of any injury, accident, or illness which may befall (name of activity Participant) _____ and/or his/her property while participating in Cedar Creek Church sponsored events or activities. If the participant is a minor this convenat is applicable to the aforesigned and his/her parents or guardian.
3. The Undersigned parent or guardian hereby authorizes sponsor, sponsor's agent, or employee to take such action as may be necessary for medical care or treatment including the administration of medication, performing of surgery, or such other action as needed in the event of injury or illness of participant when parent or guardian cannot be reached for authorization. In the event the above authorized refuse or are not able to act, Cedar Creek Church personnel are authorized to act as set forth above. This authorization may be presented to medical personnel to seek further authority.

(Signature of Participant) (Date)

(Signature of parent or guardian (Date)
If participant is under 18)