

Windsor Road Christian Church

Student Life Ministry Medical Release Form

Minor's Personal Information

Name: _____ Hm. Phone (____) _____

Address: _____ City _____ St. & Zip _____

As the parent/legal guardian of the above named minor, I give my permission for him/her to participate in any and all activities, events, and programs of the high school /middle school group of Windsor Road Christian Church (WRCC) during the year January 1, 2011, through December 31, 2011.

I understand the inherent risks that are involved in these activities and hereby release WRCC; its staff, employees and volunteers from responsibility and liability for any injury or illness sustained during these activities, events, and /or programs.

IN CASE OF EMERGENCY, I hereby authorize the adult leader of the activity, event, and/or program, as an agent for me, to consent to any X-ray examination; medical, dental, or surgical diagnosis or treatment; and/or hospital care, which is advised and supervised by a physician, surgeon, or dentist (as appropriate) licensed to practice under the laws of the stat where the services are rendered, either at a doctor's office or a hospital. I expect to be contacted as soon as possible and before hospitalization or surgery is administered (unless the injury/illness is life-threatening).

Parent/Guardian Consent:

Signature of Parent/Guardian: _____

Date: _____

Minor's Medical Information

MEDICAL INSURANCE COMPANY: _____

POLICY NUMBER: _____ GROUP No. _____

Primary Insured on Policy: _____

Physician of Minor: _____ Phone: _____

Emergency Contact Name (s): _____

Emergency Contact Numbers: Cell: _____ Other: _____

Name: _____ Birthdate: _____

CONFIDENTIAL MEDICAL HISTORY

Do you regularly have or have had any of the following symptoms or conditions?

Condition	Yes	No	Condition	Yes	No	Condition	Yes	No
High Blood Pressure	___	___	Knee/ankle problem	___	___	Medical equip.devices	___	___
Heart Disease	___	___	Neck/back problem	___	___	Stomach Ulcers	___	___
Heart Murmur	___	___	Leg/foot problem	___	___	Intestinal problem	___	___
Irregular heartbeat	___	___	Headaches	___	___	Active bedwetting	___	___
Tuberculosis	___	___	Head Injury	___	___	Chest pain/pressure	___	___
Hepatitis	___	___	Jaundice	___	___	Heart palpitations	___	___
Seizure disorder	___	___	Bladder/kidney prob.	___	___	Unexpected sweating	___	___
Bleeding disorder	___	___	Thyroid problem	___	___	Freq. shortness of breath	___	___
Anemia	___	___	Endocrine disorder	___	___	Freq. dizziness/fainting	___	___
Blood disorder	___	___	Hearing impairment	___	___	Heart burn	___	___
Asthma	___	___	Vision impairment	___	___	Muscle cramps	___	___
Diabetes	___	___	Motion sickness	___	___	PMS/Menstrual problem	___	___
Hypoglycemia	___	___	Sleep walking	___	___	Broken bones	___	___
Anorexia/Bulimia	___	___	Currently pregnant	___	___	Arm/shoulder problem	___	___
Skin problems	___	___	Special diet	___	___	Genetic disorders	___	___
Hot/Cold intolerance	___	___	Learning disability	___	___	Cancer	___	___
Circulation problem	___	___	Heatstroke	___	___			

Please explain any "YES" responses (with diagnosis):

ALLERGIES (Drugs, food, & environment with description of reaction):

CURRENT MEDICATION TAKEN (Prescription & OTC):

Drug	Dose	Times Taken

SPECIAL CONSIDERATIONS & INFORMATION:
