

**JEROME PRAIRIE BIBLE CHURCH  
MEDICAL & LIABILITY RELEASE  
(Please fill out both sides of this form)**

Name of minor: \_\_\_\_\_ Age: \_\_\_\_\_  
(Last Name) (First Name)

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ In emergency, notify \_\_\_\_\_ / \_\_\_\_\_  
(Name & Relationship to child) (Phone)

Doctor \_\_\_\_\_ Doctor's Phone \_\_\_\_\_

**HEALTH HISTORY**

ALLERGIES

\_\_\_ Insect Stings and Bites \_\_\_ Hay Fever \_\_\_ Medications (specify) \_\_\_\_\_  
Other Allergies (Explain) \_\_\_\_\_

CONDITIONS

\_\_\_ Heart Condition \_\_\_ Frequent Colds \_\_\_ Chronic Asthma  
\_\_\_ Frequent Stomach Upsets \_\_\_ Diabetes \_\_\_ Epilepsy/other nervous disorder  
\_\_\_ Physical Handicap \_\_\_ Migraine Headaches \_\_\_ Other (\_\_\_\_\_)

If you checked any of the above, please give details (IE. Normal treatment of allergic reactions, etc.)

Date of last Tetanus shot \_\_\_\_\_

Name and dosage of any medications \_\_\_\_\_

Any swimming restrictions? \_\_\_Yes \_\_\_No Any activity restrictions? \_\_\_Yes \_\_\_ No

If yes, please explain \_\_\_\_\_

If your child should require medical attention for injuries received or illnesses contacted prior to coming on an activity, please send us the information necessary to give him/her proper medical service during his/her stay.

Jerome Prairie Bible Church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed first for medical charges in case of an illness or injury while your child is at a church-sponsored activity.

Do you have health insurance? \_\_\_Yes \_\_\_no If yes, Policy No. \_\_\_\_\_

Name of Insurance Co. \_\_\_\_\_

Address \_\_\_\_\_

Name of Policy Holder \_\_\_\_\_ Group or I.D. # \_\_\_\_\_

*In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by Jerome Prairie Bible Church leaders to hospitalize, to secure proper treatment and/or injection, anesthesia, or surgery for my child as deemed necessary.*

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**LIABILITY RELEASE ON OTHER SIDE**

LIABILITY RELEASE (Page 2)

I \_\_\_\_\_ hereby acknowledge that it is my desire that my child, \_\_\_\_\_, participate in church-sponsored activities at Jerome Prairie Bible Church including activities on and/or away from the church premises as well as transportation to and from such activities.

As lawful consideration for permitting my child to participate in such activities, including the transportation to and from such activities, I hereby release and discharge Jerome Prairie Bible Church, its Board of Elders, employees and volunteers, from all actions, claims, or demands that I, my child, or other assignees now have or may hereafter have, for any injury or damages resulting from my child's participation in church-sponsored activities on or away from the church premises, including transportation to and from such activities. Also, I assume full financial responsibility for transportation to and from such activities. I also assume full financial responsibility for transportation in the event my child is sent home due to disciplinary action.

This Liability Release pertains to all church related functions this next calendar year:

**JUNE 1, 2015 THROUGH JUNE 30, 2016.**

I understand I am signing for **both medical and liability release** for the minor listed.

Parent or Guardian \_\_\_\_\_  
(Signature)

Date \_\_\_\_\_