

CONTACT & MEDICAL INFORMATION

(Please Print)

Date: _____

Legal Name of Minor: _____ DOB: _____

Gender (circle): M F School Attending: _____

Home Address: _____

Cell Phone: (____) _____ Home Phone: (____) _____

Father's Name: _____ Mother's Name: _____

Cell Phone: Father: (____) _____ Mother: (____) _____

Work Phone: Father: (____) _____ Mother: (____) _____

Email: Father: _____ Mother: _____

Other adults who may be notified in case of emergency:

Name: _____ Contact #: (____) _____

Name: _____ Contact #: (____) _____

Name: _____ Contact #: (____) _____

Family Physician: _____ Office Phone: (____) _____

Insurance Carrier: _____

Policy #: _____ Carrier's Phone Number: (____) _____

Policy Holder's Name: _____ Policy Holder's DOB: _____

Date of last Tetanus Shot: _____

Allergies (Food, Medications, Insect Stings/Bites): _____

Medications Currently Taking: _____

Special Medical Conditions/Information: _____

MEDICAL RELEASE AGREEMENT

Legal Name of Minor: _____ DOB: _____

In consideration of the Northside Church of Christ (4545 N. Meridian Ave., Wichita, KS) providing transportation to varied activities and/or trips; and in recognition of the fact that there may be some risk of personal injury arising from said activities and/or trips; I hereby expressly assume the risk of any such personal injury to me or members of my family which may occur as a consequence of any trip made on the Northside van and/or rental vehicle provided to transport the Northside group during the activities engaged in. I further agree to indemnify and hold harmless Northside Church of Christ, including its representatives, from any damages or losses or personal injury of any kind which may arise as a consequence of the trips and activities to any member of my family.

As the parent/legal guardian of the above named minor, I give my permission for him/her to participate and travel with the Northside Youth Group. I hereby authorize the adult leaders of any activity or trip to secure necessary medical attention for my dependent at my expense.

In addition, I authorize the adult leaders to administer any necessary supervision and/or discipline that are deemed necessary for the safety and benefit of the above named minor.

This agreement is effective and valid as long as the teen is part of the Northside Youth Group, or until withdrawn in writing by either a parent or Northside leadership.

PARENT/GUARDIAN NAME (please print)

PARENT SIGNATURE

DATE SIGNED