



101 S Dobbs // Harrah, OK 73045 // (405) 454-6690 // HarrahChurch.com



2009-2010 Family Ministry Medical Release Form
Valid September 1, 2009 – August 31, 2010

Student #1 name _____ Δ male Δ female Birthdate _____ Grade _____

School Attending _____ List any allergies to medications _____

Student #2 name _____ Δ male Δ female Birthdate _____ Grade _____

School Attending _____ List any allergies to medications _____

Student #3 name _____ Δ male Δ female Birthdate _____ Grade _____

School Attending _____ List any allergies to medications _____

Student #4 name _____ Δ male Δ female Birthdate _____ Grade _____

School Attending _____ List any allergies to medications _____

Address _____ **City/State/Zip** _____

Home Phone _____ **Parents/guardians Names** _____

Other numbers for parents - name _____ **cell #** _____ **work #** _____

- name _____ cell # _____ work # _____

Please name a parent or relative we may contact if we are unable to reach the above in case of emergency.

Name _____ **phone** _____

Medical Release*

*parents will be notified if at all possible

I understand that in the event professional intervention is needed for a participant in a church related activity, a reasonable attempt will be made to immediately contact the designated parent or guardian listed on this form. In the event I, or the doctor listed below, cannot be reached in an emergency during the activity dates shown on this form, I hereby give my permission to the physician or dentist selected by the activity leader to hospitalize, to secure medical treatment and/or order an injection, anesthesia or surgery for my child as deemed necessary. HarrahChurch will not be financially responsible for services rendered.

By signing this document I am also releasing HarrahChurch to take photos and video of my child(ren) for use in promotional materials and publications.

I hereby release HarrahChurch, its staff members, its governing organizations, its officers, trustees, employees, agents and all other persons associated with HarrahChurch from any and all liability, damages, claims, demands, actions and causes of actions of any kind or description arising out of or in any way related to any activities that I may participate in or at with HarrahChurch. The undersigned does hereby further agree to indemnify and hold harmless any party herein released from any claims brought by any party herein or by any third party arising out of or in any way related to any actions or activities while at a HarrahChurch activity. I understand this release is binding upon my heirs, executors and assigns.

Signature of parent/guardian _____ Date _____
(if participant is under 18 years of age)

Please provide the following information:

Medical Insurance _____ Policy or contract # _____

Doctor _____ Doctor's phone _____

Hospital preference _____