



University Christian Church
Medical Release Form

Name: _____ **Birth Date:** _____

Grade: _____ **Address:** _____

City: _____ **Zip Code:** _____ **Phone:** _____

Email: _____

Mother's Name: _____ **Phone Number:** _____

Father's Name: _____ **Phone Number:** _____

Guardian's Name: _____ **Phone Number:** _____

Insurance: _____ **Group No:** _____

Allergies or medical /physical condition(s) to be aware of: _____

Please read and sign the backside of this form.

To Whom It May Concern:

I, the undersigned parent or legal guardian of _____, understand that the stated student is responsible for knowing and following rules and regulations made by University Christian Church (UCC) and sponsors of all activities. It is expressly understood by parents/guardians that the student, for whom this registration is made, is in a condition of health that warrants his or her participation in the event the student registered for. If a concern should arise, the leaders of this event are hereby granted permission to take the named youth to a medical doctor for examination and treatment of any accident or illness that may arise during the term of said activity.

In consideration of this acceptance for said activities, said church, its agent and employees are hereby released and relieved from all liability for accident and injury to said youth, arising from any and all activities of these events. If you accept, please sign and date below.

Parents / Guardian Signature: X _____ Date: _____

For your students' wellbeing, one of our leaders carries a **first aid kit** which includes Tylenol an Benadryl. If you cannot be reached and it appears your student would benefit from the package recommended dose of one of these, please indicate the following:

a. I give permission for an adult leader to administer package-recommended dosage of **Tylenol** if my student experiences headache or other minor pain : YES ___ NO ___

b. I give permission for an adult leader to administer package-recommended dosage of **Benadryl** if my student experiences a bee sting or other allergy related issue : YES ___ NO ___

OFFICE USE ONLY

Initial Event:

Friend of:

Note: