



- Elementary
- Middle School
- High School

Medical Release Form 09/10

Minor's Full Name: _____ Birthday: _____
 Address: _____ City: _____ Zip-Code: _____
 Minor's Email: _____ Phone Number: _____
 Minor's Primary Doctor: _____ Doctor's Phone Number: _____

EMERGENCY NOTIFICATION:
 Name: _____ Relationship: _____ Phone: _____

Guardian	Guardian(s):	
	Home Phone Number:	
	Mobile Phone Number:	
	Email:	
	Medical History of Minor:	<input type="radio"/> Diabetes <input type="radio"/> Heart Condition <input type="radio"/> Chronic Asthma <input type="radio"/> Epilepsy <input type="radio"/> Frequent Upset Stomachs <input type="radio"/> Physical Handicap <input type="radio"/> Other: _____ If any of the above are checked, please give details:
	Allergies:	<input type="radio"/> Drugs <input type="radio"/> Hay Fever <input type="radio"/> Insect Stings <input type="radio"/> Other: _____
	Medications and Doses:	
	Date of Last Tetanus:	
	Explain any activity restrictions:	
	Insurance Company Name:	
	Policy Number:	
	Address:	
	Phone Number:	

In the event I cannot be reached in an emergency during a VCC youth activity, I hereby give my permission to the physician or dentist selected by VCC to hospitalize, to secure proper treatment and/or order all injection, anesthesia, or surgery for my child as deemed necessary. I also authorize VCC leaders to administer medical aid as required for illness or injury under a physician's orders. The signature of guardian below is intended to serve as a medical release.

We feel that our minors are safe with us. However, no recreational activities are without the possibility of unforeseen hazards. All recreational activities have the inherent possibility of injury to person or property, and we want to alert parents, guardians, and other individuals to that fact. It is impossible to list all such risks, however this includes risks involved on any trip, game, excursion, and any other event organized by VCC, on- or off-site. Injury and property damage may also result from activities in which we do not allow and may result from participation in activities in which are prohibited. The intent of this Liability Release is to prevent Vail Christian Church from being held liable for injuries to person or property when young people are injured as a result of their being present on our grounds or off-site activities, whether they are engaging in an activity which we allow or not. Your signature on this Liability Release constitutes your agreement of your young person for whom you are signing this Release not to hold VCC, its staff, agents, or employees responsible. Guardians understand that they are signing for the minor listed on this form and they further understand that signing this Liability Release constitutes a full and complete release from liability insofar as Vail Christian Church is concerned and an agreement to hold VCC harmless and relieved of any responsibility for any injury or damage to your minor.

Legal Guardian's Signature _____ Date _____
 Print Name _____ Relationship to Minor _____