

**Eagle Heights Church Student Ministry**  
**Medical Authorization and Release of Liability**  
*Please type or print only*

**Name**

NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 BIRTH DATE \_\_\_\_\_ PARENT/GUARDIAN \_\_\_\_\_  
 IN EMERGENCY NOTIFY \_\_\_\_\_ PHONE \_\_\_\_\_  
 ADDRESS \_\_\_\_\_  
 INSURANCE CO. \_\_\_\_\_ POLICY # \_\_\_\_\_  
 FAMILY PHYSICIAN \_\_\_\_\_ PHONE \_\_\_\_\_

Check if you have or have had any of the following; use the back to give any details.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Seizures        | <input type="checkbox"/> Tuberculosis             | <input type="checkbox"/> Frequent Earaches    |
| <input type="checkbox"/> Chicken Pox     | <input type="checkbox"/> Cystic Fibrosis          | <input type="checkbox"/> Frequent Sore Throat |
| <input type="checkbox"/> Scarlet Fever   | <input type="checkbox"/> Cerebral Palsy           | <input type="checkbox"/> Asthma               |
| <input type="checkbox"/> Polio           | <input type="checkbox"/> Surgery (please explain) | <input type="checkbox"/> Frequent Headaches   |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Diabetes                 | <input type="checkbox"/> Kidney Disorder      |
| <input type="checkbox"/> Heart Disease   | <input type="checkbox"/> Muscular Dystrophy       | <input type="checkbox"/> Hearing Problems     |

Last Tetanus Shot \_\_\_\_\_ List any past serious injuries \_\_\_\_\_

List current medications \_\_\_\_\_

List any physical restrictions, allergies, etc. \_\_\_\_\_

**IMPORTANT:** If a medical emergency should arise while the above named is participating in any Eagle Heights Church activity, and I cannot be contacted, I hereby give permission to any sponsor of that activity to select a physician, hospital and/or clinic for his or her care. I also give the physician, hospital and/or clinic, as selected by said sponsor, my permission to hospitalize, treat and order injections to meet the needs of the above named. I will assume responsibility for any and all bills arising from said treatment(s).

In consideration of the permission extended to the above named to participate in the activities of Eagle Heights Church, I hereby release and hold harmless all employees, staff members and sponsors of Eagle Heights Church of and from any and all manner of action and causes of actions, judgments, executions, debts, claims and demands of every kind and nature whatsoever which against them I have had or now have of which I or my heirs, executors or administrators have now or may hereafter have by reason of the above named participation in Eagle Heights Church activities, as well as any other operations incident thereto. By signing today, I declare that the information provided is accurate, and the terms of the herein release have been completely read, and are fully understood and voluntarily accepted.

**THIS RELEASE EFFECTIVE FOR CALENDAR YEAR 2019**

SIGNATURE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

DATE \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_

NOTARY SIGNATURE \_\_\_\_\_ MY TERM EXPIRES \_\_\_\_\_

**THIS FORM MUST BE NOTARIZED**  
**STUDENTS OVER 18 MAY SIGN WITHOUT A NOTARY**