

**Brentwood Bible Fellowship
MEDICAL FORM**

Name _____ Age _____
Address _____ City _____ Zip _____
Home Phone _____ In Emergency Notify _____ Phone _____
Family Doctor _____ City _____ Phone _____

HEALTH HISTORY:

ALLERGIES _____ Insect Stings _____ Heart Condition _____ Frequent Colds _____
_____ Drugs _____ Other Allergies _____ Chronic Asthma _____ Frequent Stomach Upsets _____
_____ Hay Fever _____ Diabetes _____ Epilepsy/other _____ Physical Handicap _____
nervous disorder _____

If any of the above is checked, please give details. include normal treatment of allergic reactions:

Name and dosage of any medication that must be taken:

Any swimming restrictions? Yes _____ No _____ Any activity restrictions? Yes _____ No _____
What Restriction? _____

If your child should require medical attention on a trip for injuries received or illness contracted prior to coming on the trip, please send us the information necessary to give him/her proper medical service during the stay.

WAIVER OF LIABILITY RELEASE

Brentwood Bible Fellowship insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in case of illness or injury while your child is at a church-sponsored activity. Do you have health insurance? YES () NO () If so, please give name and address of carrier:

Name _____ Policy No. _____

Address _____

Main Insured's Social Security # _____ - _____ - _____

In the event I cannot be reached in an emergency, I hereby give my permission to the physician or dentist selected by Brentwood Bible Fellowship to hospitalize, to secure proper treatment and/or order an injection, anesthesia, or surgery for my child as deemed necessary.

WAIVER OF LIABILITY

I, _____ hereby acknowledge that it is my desire that my child participate in church-sponsored activities at Brentwood Bible Fellowship, including activities on and/or away from the church premises as well as transportation to and from such activities.

As lawful consideration for permitting my child to participate in such activities, including the transportation to and from such activities, and in consideration of the possibility of injuries which could occur, I hereby release and discharge Brentwood Bible Fellowship, its officer, employees, agents, volunteers and members of the Board of Deacons from all actions, claims or demands I, my child, and the heirs, distributees, guardians, legal representatives or assigns which either of us now have or may hereafter have for any injury or damages resulting from the negligence or other acts, howsoever caused, by such church, officers, employees, agents, volunteers and Board of Deacons, before or during my child's participation in such church-sponsored activities on and/or away from the church premises, including transportation to and from such activities. Also, I assume full financial responsibility for transportation in the event my child is sent home due to disciplinary action.

This Consent and Waiver of liability shall remain effective until revoked in writing and delivered to any officer, employee, or agent of Brentwood Bible Fellowship.

Executed this _____ day of _____, _____, at _____, California.

Parent or guardian's signature _____ Date _____
(Your own signature if you are over 18)