

**Clearwater Community Church**

**Youth Activities Medical Information / Liability Release Form – For Year 2008/2009**

I, the undersigned, as the legal guardian of \_\_\_\_\_ am aware that Clearwater Community Church conducts various activities involving the CCC Youth Group and involving the above-named minor. Such events may be on-campus or off-campus and may involve travel via bus, automobile, or other conveyance.

The intention of this form is to provide a single document that covers any and all events connected with Clearwater Community Church which the above-named minor may be involved in during the year 2008/2009.

Such events anticipated in the year 2008/2009 may include, but are not limited to weekend retreats, Spring break service project/trip, Rafting trip, Ski trip, The RACE and mission trips.

**Personal and Medical Information for Participant / Minor Child**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

In Case of Emergency NOTIFY: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Insurance Co: \_\_\_\_\_ Policy No: \_\_\_\_\_

Insurance Co Phone: \_\_\_\_\_

Immunizations: Polio \_\_\_\_\_ Booster \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_

Tetanus (date of last booster) \_\_\_\_\_ Other \_\_\_\_\_

Allergies:

Food: \_\_\_\_\_ Insect stings/bites: \_\_\_\_\_

Penicillin or other drug reactions: \_\_\_\_\_

Other allergies: \_\_\_\_\_

Childhood diseases: Chickenpox \_\_\_\_\_ Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Whooping Cough \_\_\_\_\_

Other \_\_\_\_\_

Previous surgeries or serious illnesses: \_\_\_\_\_

Current conditions: Asthma \_\_\_\_\_ Sinusitis \_\_\_\_\_ Bronchitis \_\_\_\_\_ Kidney Trouble \_\_\_\_\_ Heart Trouble \_\_\_\_\_

Diabetes \_\_\_\_\_ Dizziness \_\_\_\_\_ Hay Fever \_\_\_\_\_ Other \_\_\_\_\_

Does your child wear glasses?: Yes No      Contact lenses?: Yes No

Current medications (please list): \_\_\_\_\_

Special diet: \_\_\_\_\_

**Permission for Treatment**

My permission is granted for a Clearwater Community Church staff member or youth sponsor in charge of the Youth Activities as described above to obtain necessary medical attention in case of sickness or injury of the above-named minor.

I understand that it is my responsibility to inform Clearwater Community Church if there are any changes to the above personal or medical information during the year 2008/2009.

I understand that this blanket permission will apply to all activities in which the above-named minor participates during the year 2008/2009.

**Liability Release**

I, the undersigned, do hereby release, and forever discharge all sponsors and Clearwater Community Church, Dunedin, Florida, from any and all claims, demands, actions or cause of action, past, present or future arising out of any damage or injury sustained while participating in the Youth events described above. I also give my permission as parent or legal guardian to allow any pictures taken during youth group activities to be made available for posting on the official Clearwater Community Church website.

I understand that this blanket liability release will apply to all activities in which the above-named minor participates during the year 2008/2009.

**Parent/Legal Guardian signature:** \_\_\_\_\_

SWORN TO and subscribed before me this \_\_\_ day of \_\_\_\_\_, 200\_ by  
\_\_\_\_\_ the individual who is personally  
known to me or who has produced \_\_\_\_\_ as identification.

**Notary:** \_\_\_\_\_

**Notary Stamp or Seal (Required):**