



THE LIVING ROOM COMMUNITY CHURCH

Medical Release Form 2017

Family Insurance

Provider: _____

Group/Individual Policy#: _____

Medical History

Serious Illness: _____

Special Conditions: _____

Allergies: _____

Current Medications: _____

Date of Last Tetanus Shot: _____

Special Instructions/Requirement About My Child: _____

Permission for Treatment/Liability Release

I, _____, parent and/or guardian of _____ a minor, hereby acknowledge that said minor is presently under my care, custody, and control. I hereby give my child, the said minor, my express permission to attend and participate in The Living Room Community Church's Summer Jam Kids Camp from the dates July 24-28, 2017.

I have listed said minor's physical/medical concerns that may need attention and any special instructions/requirements regarding participation. In the event of an emergency that necessitates medical, surgical, and/or dental attention, I hereby consent and give my permission to The Living Room Community Church or its representatives, or any physician to make decisions in the case of illness, injury or any other medical condition to perform such medical treatments and/or surgery upon said minor which may, in their sole discretion, be necessary and proper under the circumstances.

I do release, acquit, discharge, and covenant to hold harmless The Living Room Community Church and its representatives from any and all actions, damages, and liabilities arising out of participation or treatment of any illness, injury, or any other medical condition incurred by said child while attending/participating in their Summer Jam Kids Camp from the dates July 24-28, 2017.

I understand that my child will be dismissed from participating in this activity and sent home at my expense (if applicable) if he/she fails to adhere to the rules.

I have read and fully understand the above permission for treatment/liability release and agree to its terms.

Parent/Guardian

Signature: _____ Date: _____