## MEDICAL AND LIABILITY RELEASE FORM 2019-2020

(This form must be updated each school year) Ridgewood Church 4420 County Road 101 S., Minnetonka, MN 55345 (952) 474-0858

## **PLEASE COMPLETE ALL INFORMATION & SIGN**

***********	***********	*****	******	*****
NAME:			AGE:	
NAME:	Middle	Last		
ADDRESS				
CITY:	STATE:	_ZIP:	PHONE: (	)
BIRTHDATE:	CURRENT	GRADE (If a	student):	
*****	*******	*****	******	*****
IN CASE OF AN EMERGENO	CY, NOTIFY			
RELATIONSHIP				<u> </u>
PHONE:	SECONDARY PHONE			
*****	*****	******	*****	*****
	~~~~ HEAL	TH HIST	ORY ~~~~	
This information is included to provid	le information to emergency pers	sonnel of medical	conditions and medica	tions in an emergency situation
Existing Medical Condition (Example: Asthma)	Medication Taken (Example: Combivent)		osage Taken ixample: 2 puffs)	Dosage Frequency (Example: "Twice Daily")

DATE OF LAST TETANUS SHOT:

ANY ACTIVITY RESTRICTIONS OR ADDITIONAL INFORMATION:

Medical Provider Information:

Insurance Provider:\_\_\_\_\_

Group Id.:

ld. #or Policy#: \_\_\_\_\_

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

Physician's Phone:

In the event of an injury, accident, illness or other emergency, and if the above stated physician cannot be reached, I authorize\_\_\_\_\_myself (as a leader)\_\_\_\_my child to be treated by certified medical/dental personnel selected by Ridgewood Church leadership, and to hospitalize, to secure proper treatment, and/or order an injection, anesthesia, or surgery as deemed necessary. I agree to accept financial responsibility for the costs related to this medical treatment. The Church's insurance is only secondary insurance. If you have medical insurance, your carrier will be billed for medical charges in the case of illness or injury while you or your student are on a church-related activity.

## ~~~~ LIABILITY RELEASE ~~~~

Every activity sponsored by Ridgewood Church is carefully planned and adequately supervised by mature adults. However, even with the best planning and precaution, unforeseen events can occur. By signing this form, the responsible adult agrees to assume and accept all risks and hazards inherent to church-related social activities. They also agree not to hold this church, its staff, employees, agents or volunteer assistants liable for damages, losses, or injuries to the person or to the property owned by undersigned.

The parent(s) or guardian(s) understand that they are signing for the minor listed on this form and the signature is for both a medical and liability release. This release is effective for all activities sponsored by Ridgewood Church for up to one (1) year from the date at the bottom of this release. It is the responsibility of the parent(s) or guardian(s) to inform the church if any information on this form has changed. Adult leaders are requested to also sign this Release, releasing Ridgewood Church from the above listed liabilities.

I agree that if any part of this Medical and Liability Release is deemed to be invalid or unenforceable, the remaining portions will continue in full force and effect. I acknowledge that I am not relying upon any oral representations made to me by Ridgewood Church, or any of its representatives, relating to the subject matter set forth herein, except as provided in writing herein. I acknowledge all of the foregoing risks and any other risks, which might be incidental to my attending and participating in a church-related social activity, and hereby accept those risks of my own free will and on behalf of my minor.

I assert that I have read and fully understand the above Medical and Liability Release, and hereby sign voluntarily and without duress or coercion of any sort.

Name (please print and Name of Minor):	
Place of employment(please print):	
Parent or Guardian's signature	
Signature on behalf of Minor:	
Date:	
Adult Leadersignature	
Date:	