COMMON GROUND CHURCH
SAHUARITA · ARIZONA

Common Ground Church of Sahuarita
Medical / Release Form

Please fill out completely and print legibly.

Name of Participant _____ Sex : Male / Female

Date of Birth: ____-_____-_____ Age: _____ Grade: _____

Address: _____ City: _____ State: ____ Zip: _____

Cell Phone: (___)_____ Email: _____

School: _____

Church Member? ____ If Yes, Where? _____

Student's Health History

In case of emergency, notify:

1. Name: _____ Phone: (____)_____
   Address: _____ City: _____ State: _____ Zip:_____
2. Name: _____ Phone: (____)_____
   Address: _____ City: _____ State: _____ Zip:_____

Family Physician: _____ Phone: (___)_____

Health Insurance Carrier: _____ Phone: (___)_____

Policy # _____ Group # _____ Student SSN _____-_____-_____

Serious ivy, oak or sumac poisoning? _____

Allergic reactions: _____

Date of last Tetanus shot: _____

Prescription medication(s) student is currently taking:

(1) _____ Dosage _____

(2) _____ Dosage _____

(3) _____ Dosage _____

Operations / serious injuries in the last six months:

_____

Parents' personal medical notes concerning student / Other health conditions:

_____

_____

_____

(Signature on second page)

RELEASE AND INDEMNIFICATION

The undersigned participant and parent or legal guardian of the participant hereby releases, acquits, and forever discharges Common Ground Church of Sahuarita, AZ, their employees, agents, successors and assigns, from all suits, damages, claims, proceedings, demands, and liability from any such injury, harm, or damage that the participant may incur during participation in any Common Ground Church's Student Ministry sponsored events, trips, etc.

It is further agreed that the participant and/or the parent or legal guardian for the participant, shall indemnify and hold harmless Common Ground Church, their employees, agents, successors or assigns, for all claim of any nature whatsoever, whether in form of legal or equitable actions, that can be brought as a result of the participants own negligence while participating in any activity herein. Furthermore, in the event of an accident, if the said staff or representatives are unable to contact the parent or guardian, the undersigned parent or legal guardian of the participant hereby grants permission to said staff or representatives to administer necessary first aid, and/or take the applicant to the nearest medical facility for additional treatment.

_____ _____

Parent/Guardian Signature Date