**PRBC Youth MEDICAL AND LIABILITY RELEASE —EFFECTIVE January 1, 2020—December 31, 2020**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_AGE\_\_\_\_\_\_SOCIAL SECURITY #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CHURCH\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Last Name) (First Name)

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address City State Zip

Home Phone ( ) In Emergency Notify Phone ( )\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH HISTORY:**

\_\_Allergies \_\_Insect stings \_\_Heart Condition \_\_Frequent colds \_\_Drugs \_\_Epilepsy or other nervous disorder

\_\_Hay Fever \_\_Diabetes \_\_Chronic Asthma \_\_Physical Handicap \_\_Frequent Stomach Aches \_\_\_\_\_\_\_\_\_\_\_\_other

If any of the above are checked, please give details (i.e. Include normal treatment of allergic reactions)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last Tetanus shot: \_\_\_\_\_\_ Name and dosage of medications that must be taken:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any swimming restrictions: \_\_ Yes \_\_No Any activity restrictions? \_\_Yes \_\_NO If yes, what?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child should require medical attention during our trip for injuries received or illness contracted prior to coming on this trip, please send with them the information necessary to give your child proper medical care.

**MEDICAL INSURANCE INFORMATION:** PASO ROBLES BIBLE CHURCH’S insurance is only secondary insurance. If you have medical insurance, it will be your responsibility to bill your carrier for medical charges in case of injury on the mission trip. Do you have Health Insurance? \_\_Yes \_\_No If so please give name and address of company:

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POLICY # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Main Insured Social Security #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

In the case that I cannot be reached in an emergency during the outing, I hereby give my permission to the physician or dentist selected by PASO ROBLES BIBLE CHURCH to hospitalize, to secure proper treatment and/or order an injection, anesthesia or surgery as deemed necessary for my child. The signature below is intended to serve as a medical release.

**LIABILITY RELEASE**

We feel that your child will be safe and in good hands while on this trip. However, personal injury and property damage may result from an activity. The intent of the Liability Release is to prevent PASO ROBLES BIBLE CHURCH and its staff being held liable for injuries to persons or property as a result of being involved in the activities of PASO ROBLES BIBLE CHURCH. Your signature on this Liability Release constitutes your agreement not to hold PASO ROBLES BIBLE CHURCH, ITS STAFF AND BOARD liable for damages, losses or injuries to person or property. PASO ROBLES BIBLE CHURCH is to be held harmless and relieved of any responsibility for any injury or damage to your child.

Signature of Parent/Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fill out and return to the church office. We must have the Medical & Liability Release form.

PASO ROBLES BIBLE CHURCH, 2206 GOLDEN HILL ROAD, PASO ROBLES, CA 93446 PHONE (805) 226-9670