

MEDICAL INFORMATION FORM

ALL participants must complete this form.
Participants under 18 must have parents complete and sign this form

Event: _____

Name: _____ Home Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Age: _____ E-mail Address: _____

In case of an emergency, please contact one of the following (provide two names):

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Have you suffered a major illness in the past six months? No Yes (Explain)

Have you suffered any type of injury or illness that might hinder you from doing physical activities? No Yes (Explain)

List any medication that you are currently taking: _____

Date of most recent tetanus shot: _____

List any drugs that you are allergic to: _____

Doctor: _____ Phone: _____

Street: _____ City: _____ State: _____ Zip: _____

Insurance Company: _____ Policy Number: _____

Participants 18 and older: Please read, sign and date the following:

Release of Liability: I, the undersigned, hereby relieve King of Prussia church of Christ from any and all liability and agree to indemnify, defend and hold King of Prussia church of Christ, it's officers, directors, employees, volunteers, and chaperones of said church, harmless from any and all claims and liability for sickness, injuries, accidents of any nature or cause whatsoever including, but not limited to, injuries caused by negligence on the part of King of Prussia church of Christ while participating in the above mentioned event sponsored by the King of Prussia church of Christ. I hereby give my consent for adult staff and/or chaperones to authorize any and all emergency care necessary for my treatment while attending, going to or coming from said event.

Participant's signature _____ Date _____

Participant's printed name _____

Participants under 18 - Have parent/guardian: read, sign and date the following:

Release of Liability: I, the undersigned, am a parent or legal guardian of the above stated child and I hereby give my approval and consent for him/her to attend the event noted above that is sponsored by the King of Prussia church of Christ. I hereby relieve King of Prussia church of Christ from any and all liability and agree to indemnify, defend and hold King of Prussia church of Christ, it's officers, directors, employees, volunteers, and chaperones of said church, harmless from any and all claims and liability for sicknesses, injuries, accidents of any nature or cause whatsoever including, but not limited to, injuries caused by negligence on the part of King of Prussia church of Christ. I hereby give my consent for adult staff and/or chaperones to authorize any and all emergency care necessary for the treatment of the above stated child while attending, going to or coming from said event.

Parent/Guardian signature _____ Date _____

Parent/Guardian printed name _____