

MEDICAL RELEASE FORM

Summit View Church, 7701 NE 182nd Ave, Vancouver, WA 98682; (360)260-8300, www.summitview.net

Name/Date of Event: _____

Name: _____ Sex: M / F DOB: _____

Address: _____
(street) (city) (state) (zip)

Phone: _____ Student Email Address: _____

Parent(s)/Guardian(s) Names (if under 18): _____

School: _____ Grade: _____

MEDICAL INFORMATION

Allergies: _____

Medication(s) taken: _____

Last Tetanus Shot: _____

Physical limitations: _____

Medical Insurance Company: _____

Policy Holder's name: _____ Policy #: _____

Doctor's Name: _____ Phone #: _____

Parent's Doctor (if under 18): _____ Phone #: _____

EMERGENCY PHONE NUMBERS

Name/Relation 1: _____ (home #) _____ (work #) _____

Name/Relation 2: _____ (home #) _____ (work #) _____

MEDICAL RELEASE

I hereby release Summit View Church together with its agents and employees from all actions, causes of action, damages, claims or demands which I, my heirs, executors, administrators or assigns may have against Summit View Church and/or the above described parties for all personal injuries known or unknown which I or the above named child have or may incur by participating in the Summit View Church Family Camp, 2006. If the above named is a child, I hereby grant permission for them to participate in this event. I, the undersigned, have read this release and understand all its terms. I execute it voluntarily and with knowledge of its significance. I hereby authorize Summit View Church and/or its employees and agents to the administration of any treatment deemed necessary by a licensed physician, surgeon or dentist; and/or transfer to any hospital reasonably accessible. I acknowledge that Summit View Church and/or its employees and agents may authorize such treatment and/or transfer, at their sole discretion. I further promise to hold harmless Summit View Church and/or its employees and agents from any and all expense incurred pursuant to this authorization in obtaining medical treatment and/or transfer, including but not limited to; ambulance expense, costs of paramedics, hospital expense and/or physician charges.

Signature (or signature of parent/guardian if under 18)

Date

NOTE: In the event of an injury to the attendee, it is the policy of the church that the individual's insurance be primary and Summit View Church medical coverage be secondary.