

# SUMMIT VIEW CHURCH

7701 NE 182nd Ave • Vancouver, WA 98682 • (360)260-8300 • www.summitview.net

## STUDENT REGISTRATION & MEDICAL RELEASE FORM

Name of Event: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Address of Event: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Sex: M / F Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(street) (city) (state) (zip)

School: \_\_\_\_\_ Grade: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent E-mail Address: \_\_\_\_\_

Parent(s)/Guardian(s) Names: \_\_\_\_\_

### MEDICAL INFORMATION

Allergies: \_\_\_\_\_

Medication(s) taken: \_\_\_\_\_

Last Tetanus Shot: \_\_\_\_\_

Physical limitations: \_\_\_\_\_

Medical Insurance Company: \_\_\_\_\_

Policy Holder's name: \_\_\_\_\_ Policy #: \_\_\_\_\_

Parent's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Student's Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

### EMERGENCY PHONE NUMBERS

Name/Relation 1: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Name/Relation 2: \_\_\_\_\_ Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

### LIABILITY RELEASE

I give permission for my child, as named above, to participate in Summit View Church's sponsored event, as named above, on the dates listed above. I hereby release Summit View Church, its employees and agents from responsibility and liability for any illness or injury that the above named child may sustain during any activity.

\_\_\_\_\_  
initials of parent  
or guardian

### MEDICAL RELEASE

In the event of an emergency, I hereby authorize an adult leader of the activity, as agent for me to consent to any x-ray examination; medical, dental, anesthetic, or surgical diagnosis; treatment; and hospital care advised and supervised by a licensed physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are to be rendered, either at the physician's office or in a hospital. I understand the activity director will endeavor to reach us should the nature of the injury or illness warrant it. However, we will not hold any of the activity personnel responsible if efforts to contact me (us) are unsuccessful. I further promise to hold harmless Summit View Church and/or its employees, agents and volunteers from any and all expense incurred pursuant to this authorization in obtaining medical treatment and/or transfer, including but not limited to: ambulance expense, cost of paramedics, hospital expense and/or physician charges.

\_\_\_\_\_  
initials of parent  
or guardian

**important Insurance 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.

\_\_\_\_\_  
initials of parent  
or guardian

\_\_\_\_\_  
Signature of parent/guardian

\_\_\_\_\_  
Date