

The Forge Medical Release Form

Student Ministry of Tomoka Christian Church

1450 Hand Ave, Ormond Beach, FL 32174 ~ 386-677-6455

Effective - September 1, 2016—August 31, 2017

Child's Name : _____ Age _____ M or F

Child's Name : _____ Age _____ M or F

Child's Name : _____ Age _____ M or F

Home Address: _____ City: _____

State: _____ Zip: _____ Parent Email: _____

Mother's Name: _____ Phone # (_____) _____

Father's Name: _____ Phone # (_____) _____

Emergency Contact: _____ Phone # (_____) _____

Health Insurance Company: _____ Policy #: _____

Name of policy holder: _____ List known allergies & medications currently taken: _____

Please check the following medications that are OK to administer to your child in case of illness:

____ Tylenol

____ Advil

____ Pepto-Bismol

This health history is correct, so far as I know, and the person (s) herein described has permission to engage in all church activities except as noted. In the event I cannot be reached in an emergency during the above mentioned activity, I hereby give my permission to the physician or dentist selected by Tomoka Christian Church to hospitalize, to secure proper treatment, and/or to order an injection, anesthesia or surgery for my child as deemed necessary. I also authorize Tomoka Christian Church sponsors to administer medical aid as required for illness or injury under a physician's orders.

Liability Release Form

I hereby remise, release and forever discharge Tomoka Christian Church (of Ormond Beach, FL) Incorporated, its agents, servants and all other persons, firms and corporations whomsoever of and from any and all actions, claims and demands, whosoever which claimant now has or may hereafter have an account of to arising out of any accident, casualty and/or event which might happen on the property or in programs of Tomoka Christian Church (of Ormond Beach, FL) Incorporated. I am the parent and/or legal guardian of the above-mentioned student, a minor child. I am over eighteen years of age and legally competent to execute this release: and that before signing this release, claimant has fully informed himself/herself of its contents and meaning and has executed it with full knowledge thereof.

Signature of Parent/Legal Guardian: _____ Date: _____

In the presence of: Witness: _____ Date: _____

FOR OFFICE USE ONLY:

Date entered in computer: _____ By whom: _____