

Life Bridge Children's Ministry Child Medical and Liability Release Form

I (We) (being 21 years of age or older) understand that in the event medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the event I cannot be reached in an emergency, I hereby authorize an adult leader, in whose care my (our) child has been entrusted, to consent to the physician or dentist selected by the adult leader to hospitalize, to secure medical treatment and/or to order an injection, anesthesia, X-rays, or surgery for my (our) child as deemed necessary.

Furthermore I (we) hereby give an adult leader with Life Bridge Church consent for Emergency Medical Services (911) to be contacted in the event of a medical emergency. I (we) give consent to Life Bridge Church for transportation for my (our) child by ambulance if deemed necessary.

I (We) further understand that my (our) insurance coverage for my (our) child will be used as primary coverage in the event medical intervention is needed. Any policy of the church or organization sponsoring this event will be used as the secondary coverage.

I (We) understand all reasonably safety precautions will be taken at all times by Life Bridge Church and its agents. I (We) understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Life Bridge Church, its leaders, employees, and volunteer staff liable for damages, losses, diseases, or injuries incurred by my (our) child.

Participant (print) _____ **Age/Grade** _____

Birth date _____ **Sex** _____ **Height** _____ **Weight** _____

Address _____

City _____ **State** _____ **Zip** _____

(I have read the foregoing and agree to the terms established on this form)

Parent(s)/Guardian Signature _____ **Date** _____

_____ **Date** _____

(Both parents must sign unless separated/divorced, in which case the custodial parent must sign.)

Home Phone # (____) _____ **Cell Phone #** (____) _____

Emergency contact _____ **phone#** (____) _____

Insurance company _____ **policy #** _____

Physician _____ **physician phone #** (____) _____

Dentist _____ **dentist phone #** (____) _____