

Insurance Information

Name and Address of Insurance Company

Policy Number:_____

Group Number:_____

Name of Insured:_____

Physicians Name

Phone Number:_____

Emergency Contacts:

_____ Phone _____ Relationship to student:_____

_____ Phone _____ Relationship to student:_____

Medical History

Yes No

Please elaborate

Allergies	_____	_____	_____
Asthma	_____	_____	_____
Congenital Problem	_____	_____	_____
Diabetes	_____	_____	_____
Epilepsy	_____	_____	_____
Heart	_____	_____	_____
Ankle/Knee Injury	_____	_____	_____
Back/Head/Neck Injuries	_____	_____	_____
Shoulder/Elbow Injuries	_____	_____	_____
Wrist/Hand/Finger Injuries	_____	_____	_____
Frequent Headaches	_____	_____	_____
Seizures	_____	_____	_____
Other	_____	_____	_____

Any physical condition that we should know about? _____

I, the parent of _____, attest before this witness that I release Community Life Church of Forney from responsibility in regard to my child. I agree not to sue or bring litigation against Community Life Church for any harm or disability. I understand that Community Life will do their best to protect my child but cannot be expected to protect them from all harm and danger. Any act then is not viewed as an act of negligence.

I, _____, further release my child _____, into the medical authority of Community Life Church and Community Life Church is allowed to request any and all procedures that may be necessary to restore my child to full health.

Parent/Guardian Signature

Date

Witness

Date

Notary Public

Date