### Chisholm Heights Baptist Church Mustang OK

**Medical/Liability FORM** *(Effective 01/01/2016 – 12/31/2016)*

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Student INFORMATION *(Please print clearly)* | | | | | | | | | | | | | |  |  | |
| Student’s **Last** Name: | | **First** Name: | | | | Parent/Guardian **First & Last** Name: | | | | | | | | My student, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, may be attending various events with Chisholm Heights Baptist Church Mustang, Oklahoma, during the 2016 year. I may not be attending events with my student. In the event that my student should need emergency medical attention, Chisholm Heights Baptist Church and/or any one of its agents or employees is hereby authorized to provide such emergency medical care, including without limitation; medical, dental, surgical care or hospitalization, to my student as recommended or suggested by a physician, nurse, surgeon, or other healthcare professional.  If such emergency care is provided, I understand that my student’s health insurance and healthcare information will be provided to the healthcare professional and healthcare institution providing care for my student. I further understand that any expense not covered by my student’s medical insurance shall be my responsibility. I understand that Chisholm Heights Baptist Church OK, will not be obligated to pay either the healthcare professional or me for any medical expenses incurred on behalf of my student.  There are instances when third party contractors may be used to operate and supervise various events and activities. In those instances where third party contractors are used, Chisholm Heights Baptist Church Mustang, Oklahoma, is not responsible for the action of these third party contractors. Chisholm Heights Baptist Church is also not liable for the actions or activities of participants or sponsors participating in events or activities operated by third party contractors.    In consideration of my student being allowed to attend activities with or at Chisholm Heights Baptist Church Mustang, Oklahoma, I, on behalf of my student, hereby waive any and all causes of action, rights of claims or suits which I or my child may have against Chisholm Heights Baptist Church Mustang, Oklahoma, its agents, contractors or employees as a result of injury to my student or arising from the decision of Chisholm Heights Baptist Church Mustang, Oklahoma, or its agents, contractors or employees to consent for provision of emergency medical care to my student.  I understand that my student may be included in video highlights during the course of the year and that pictures may be posted on our Student Ministry website.  I give authority and permission to Chisholm Heights Baptist Church Mustang, Oklahoma, staff and its agents to inspect my student’s belongings while on activities, retreats or camps for the safety of my student, other students, staff and agents of Chisholm Heights Baptist Church and all other participants. | |
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| Student’s **Address**: (*if not at parent/guardian’s*) | | | | | | Parent / Guardian **Address**: | | | | | | | |
|  | | | | | |  | | | | | | | |
| Student’s **email**: | | | | | | City: | | | | | State: | | ZIP Code: |
|  | | | | | |  | | | | |  | |  |
| Grade | Age: | | Birth date: mm/dd/yyyy | | | Parent/Guardian **email**: | | | | | | | |
|  |  | | / / | | |  | | | | | | | |
| Student’s **Home** Phone No.: | | | | | | Parent /Guardian **Cell** No.: | | | | Parent/Guardian **Work** No.: | | | |
| (405) | | | | | | (405) | | | | (405) | | | |
| Student’s **Cell** Phone No.: | | | | | |  | | | |  | | | |
| (405) | | | | | |  | | | |  | | | |
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| **INSURANCE INFORMATION** (*provide updates during the year*) Provide copy of insurance card – front & back | | | | | | | | | | | | | |
| Name of Policy Holder: | | | |  | | | | | | | | | |
| Health Insurance Company: | | | |  | | | | | | | | | |
| Policy or Group Number: | | | |  | | | | Phone no.: | | | | | |
| Pre-certification Required? | | | | Yes | | No | | Phone no.: | | | | | |
|  | | | | | | | | | | | | | |
| Student medical history | | | | | | | | | | | | | |
| Primary Physician: | | | |  | | | | | Phone No.: (405) | | | | |
| List all current ***medication***: | | | |  | | | | | | | | | |
| List any food/medication ***allergies***: | | | |  | | | | | | | | | |
| Date of last tetanus shot: | | | |  | | | | | | | | | |
| Physical Restrictions: | | | |  | | | | | | | | | |
| Dietary Restrictions: | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | |
| IN CASE OF EMERGENCY | | | | | | | | | | | | | |
| Name of local friend/relative  *(not living at same address):* | | | | | Relationship to student: | | Home Phone No.: | | | | | Cell Phone No.: | |
| 1. | | | | |  | | ( ) | | | | | ( ) | |
| 2. | | | | |  | | ( ) | | | | | ( ) | |
| **Please continue** | | | | | | | | | | | | | | Parent/Guardian Signature | Date |